#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,297

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

MOP024	FEE-FOR-SERVIC	E/DENTAL								01/1//03
MODOC COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- AGED		AID CODE	10				
						M	ONT	HLY AVERA	GE.	
660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURE		VERAGE COST ER UNIT/DAY			COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	518	4,482 \$	304,408.6			6.791		587.66		461.23
@PHYSICIANS SERVICES	72	237 \$	3,001.3			.359		41.69		4.55
OUTPATIENT VISITS	0	0	.0		.00	.000		.00		.00
OFFICE VISITS	0	0	.0		.00	.000		.00		.00
HOME VISITS	0	0	.0		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.0		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.0		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.0		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.0		.00	.000		.00		.00
INPATIENT VISITS	0	0	.0		.00	.000		.00		.00
	0	0	.0							
HOSPITAL VISITS CRITICAL CARE	0	0	.0		.00	.000		.00		.00
	0	0								
SNF/ICF/TRANS IP CARE	0	0	.0		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		.0		.00	.000		.00		.00
EXAMINATIONS	0	0	.0		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.0		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	U	0	.0		.00	.000		.00		.00
PRINCIPAL SURGEON	Ü	0	.0		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.0		.00	.000		.00		.00
ANESTHESIOLOGIST	Ü	0	.0		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.0		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.0		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.0		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.0		.00	.000		.00		.00
DIALYSIS	0	0	.0		.00	.000		.00		.00
PATHOLOGY	0	0	.0		.00	.000		.00		.00
RADIOLOGY	0	0	.0		.00	.000		.00		.00
PSYCHIATRY	0	0	.0		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.0		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	72	237	3,001.3		12.66	.359		41.69		4.55
@PHARMACY	455	2,330 \$	110,758.1	1 \$		3.530	\$	243.42	\$	167.82
PRESCRIPTION DRUGS	454	1,947	109,518.0	7	56.25	2.950		241.23		165.94
SNF/ICF	26	125	7,112.2		56.90	.189		273.55		10.78
OUTPATIENTS	434	1,822	102,405.8		56.21	2.761		235.96		155.16
MEDICAL SUPPLIES	19	383	1,240.0	4	3.24	.580		65.27		1.88
@DENTIST	3	7 \$	995.0	0 \$	142.14	.011	\$	331.67	\$	1.51
VISITS - DIAGNOSTIC	2	3	45.0	0	15.00	.005		22.50		.07
ORAL SURGERY	0	0	.0	0	.00	.000		.00		.00
DRUGS	0	0	.0	0	.00	.000		.00		.00
ANESTHESIA	0	0	.0	0	.00	.000		.00		.00
PERIODONTICS	0	0	.0	0	.00	.000		.00		.00
ENDODONTICS	0	0	.0	0	.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1	.0		.00	.002		.00		.00
PROSTHETICS	0	0	.0	0	.00	.000		.00		.00
DENTURES, STAYPLATES	2	3	950.0		316.67	.005		475.00		1.44
SPACE MAINTAINERS	0	0	.0		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.0		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.0		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.0		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.0		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,298 MOP024

FEE-FOR-SERVICE/DENTAL MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

MODOC COUNTY	SUMMARI OF SERVI	CES FOR	CASH GR	ANI .	- AGED		AID CODE		^ N T I III I	1111 211002	CΠ.	
660 71 767777			200111.20			3.7.7		M			GE.	
660 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY	S			COST PER
0.0000000000000000000000000000000000000	0.6	OR DAYS			1 041 04		-	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	26		67	\$	1,041.84	\$	15.55	.102	Ş	40.07	Ş	1.58
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.003		47.45		.14
EYE APPLIANCES	12		34		550.52		16.19	.052		45.88		.83
OTHER OPTOMETRIC SERVICES	14		31		396.42		12.79	.047		28.32		.60
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	95		515	\$	17,033.97	\$	33.08	.780	\$	179.30		25.81
HOSP INPATIENT TOTAL	11		51		8,081.69		158.46	.077		734.70		12.24
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11		51		8,081.69		158.46	.077		734.70		12.24
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	86		464		8,952.28		19.29	.703		104.10		13.56
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	•		464		8,952.28		19.29	.703		104.10		13.56
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	•		0	٧	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
	0		0							.00		.00
CO HOSP OUTPATIENT TOTAL	U		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0				.00					
PATHOLOGY	U		U		.00		.00	.000		.00		.00

01/17/03

RADIOLOGY 0 0 .00 .00 .000 .00 .00 .000 0 0 .00 .00 .00 .00 ROOM USE .00 0 0 .00 .00 .00 CROSSOVERS/ALL OTH OUTPINT .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,299

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 1

MODOC COUNTY	CIMMADA OF CEDA	VICES FOR CASH GRAI	NT _ 7 CE	Z.D.	AID CO	⊃⊑ 10			01/1//03
MODOC COUNTY	SUMMARI OF SERV	VICES FOR CASH GRAD	NI - AGE	מפ	AID CO		NTHLY AVERA	CE	
660 ELIGIBLES	HCEDC	UNITS OF SERVICE	т.	EXPENDITURES	ATTED A CE CO				COST PER
	USERS	OR DAYS OF CARE	1	TYLENDIIOKES		AY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0.5		\$	17,033.97			\$ 179.30		
COMM HOCD INDICATEND DOWN	11	51	۲	8,081.69	158.46		734.70	۲	12.24
HSC HOSPITALS	0	0		.00	.00		.00		.00
NON HEE HOEDTENIC HOMAI	0			.00					.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00					.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	U		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0 0 0 0 0		.00	.00	.000	.00 .00 734.70 .00 104.10		.00
ANCILLARIES	0				.00	.000	.00		.00
INPATIENT CROSSOVERS	11 0	51		8,081.69	158.46	.077	/34./0		12.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	86	464		8,952.28	19.29	.703	104.10		13.56
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00		.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0 86	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		464		8,952.28	19.29		104.10		13.56
@STATE HOSPITAL	0		\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0 29	0		.00	.00	.000	.00		.00
@NURSING FACILITY	29	· • -	\$	140,706.45	\$ 199.87		\$ 4851.95	\$	213.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0 0 29 0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	29	704		140,706.45	199.87	1.067	4851.95		213.19
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000			.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	9	11	\$	5,813.17		.017			8.81
@HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	9	11		5,813.17	528.47	.017	645.91		8.81
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	1	1	\$	2.49	\$ 2.49	.002	\$ 2.49	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	1	1		2.49	2.49	.002	2.49		.00
@ORGANIZED OUTPATIENT CLINIC	191	373	\$	18,186.05	\$ 48.76	.565	\$ 95.21	\$	27.55
CLINIC	0	0		.00	.00				.00
SURGICENTER	0	0		.00	.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	191	373		18,186.05	48.76	.565	95.21		27.55
#CALIF DEPT OF HEALTH SERV			S MONTH-						AGE 7,300
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MOP024 MODOC COUNTY FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

					MON	NTHLY AVERA	GE
660 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	94	237 \$	6,870.14	\$ 28.99	.359	73.09	\$ 10.41
DURABLE MED. EQUIP.	1	1	41.53	41.53	.002	41.53	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	1,157.82	385.94	.005	578.91	1.75
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	38	406.72	10.70	.058	27.11	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	45.40	45.40	.002	45.40	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	194	5,218.67	26.90	.294	68.67	7.91
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	214	942 \$	39,599.70	\$ 42.04	1.427	185.05	\$ 60.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,301 MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 01/17/03

						MON	ITHLY AVERA	GE
21 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	30	273	\$	9,615.09	\$ 35.22	13.000 \$	320.50	\$ 457.86
@PHYSICIANS SERVICES	4	15	\$	94.20	\$ 6.28	.714 \$	23.55	\$ 4.49
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	15	94.20	6.28	.714	23.55	4.49
@PHARMACY	28	199	\$ 7,835.22	\$ 39.37	9.476	\$ 279.83	\$ 373.11
PRESCRIPTION DRUGS	26	134	7,096.49	52.96	6.381	272.94	337.93
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	26	134	7,096.49	52.96	6.381	272.94	337.93
MEDICAL SUPPLIES	2	65	738.73	11.37	3.095	369.37	35.18
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU D	EC 2002	PAGE 7,302
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE	20		

MODOC COUNTY	SUMMARY OF SERV	ICES FOR	CASH GR	ANT -	BLIND		AID CODE					
										HLY AVERA	GΕ	
21 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	·	.00	·	.00	.000		.00	•	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	Υ	.00	Υ	.00	.000	۲	.00	7	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0									
OTHER	0			^	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@HOME HEALTH AGENCY	-		0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7		8	\$	395.12	\$	49.39	.381	\$	56.45	\$	18.82
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7		Ω		395.12		49.39	.381		56.45		18.82
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
	0		0									
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	•		-		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			8		395.12		49.39	.381		56.45		18.82
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
	-		-									

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 7,303
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE	20		
					MONTE	ILY AVERAG	E

110200 0001111	001111111111111111111111111111111111111	1020 1010	011011 011		22112		1112 0022	M	ОМТЕ	HLY AVERA	GE	
21 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	-	COST PER
	00210		OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	011 21110	8	\$	395.12	\$	49.39	.381		56.45	Ś	18.82
COMM HOSP INPATIENT TOTAL	0		0	т	.00	4	.00	.000	7	.00	-	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7		8		395.12		49.39	.381		56.45		18.82
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	7		8		395.12		49.39	.381		56.45		18.82
@STATE HOSPITAL	0		0	\$.00	Ś	.00	.000	Ċ	.00	Ś	.00
MENTALLY ILL	0		0	Y	.00	٧	.00	.000	Y	.00	Ÿ	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	Ś	.00	Ś	.00	.000	Ġ	.00	Ś	.00
LEV A-INTERMEDIATE	0		0	Y	.00	٧	.00	.000	Y	.00	٧	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0		0	Y	.00	٧	.00	.000	Y	.00	٧	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	Y	.00	٧	.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	۲	.00	۲	.00	.000	٧	.00	7	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		1	\$	22.59	\$	22.59		\$	22.59	\$	1.08
PATHOLOGY	1		1	~	22.59	~	22.59	.048	۲	22.59	4	1.08
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
110 1110 01111110	9		•		.00		• • • •	• 0 0 0		• • • •		• • • •

8	16 \$	434.22	\$	27.14	.762	\$ 54.28	\$ 20.68
0	0	.00	·	.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
8	16	434.22		27.14	.762	54.28	20.68
MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 7,304
FEE-FOR-SERVICE/DENT	AL						01/17/03
SUMMARY OF SERVICES	FOR CASH GRAN'	Γ - BLIND		AID CODE	E 20		
					M	MONTHLY AVERA	GE
	FEE-FOR-SERVICE/DENT SUMMARY OF SERVICES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 8 16 434.22 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT FFEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CASH GRANT - BLIND	0 0 .00 0 0 .00 0 0 .00 8 16 434.22 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CASH GRANT - BLIND	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 0 00 00 00 00 00 00 00 00 00 00 00	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .

					MOI	NITLI AVERAG	E
21 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	34 \$	833.74	\$ 24.52	1.619	83.37	\$ 39.70
DURABLE MED. EQUIP.	1	1	168.28	168.28	.048	168.28	8.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	33	665.46	20.17	1.571	66.55	31.69
@CALIF. CHILDREN SERVICES*	2	65 \$	738.73	\$ 11.37	3.095	369.37	\$ 35.18
@XOVER EXCLUDING STATE HOSP**	15	57 \$	1,191.80	\$ 20.91	2.714	79.45	\$ 56.75

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,305
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

							MC	NT	HLY AVERA	GE	
3,589 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,056	51,533	\$	2,786,036.69	\$	54.06	14.359	\$	911.66	\$	776.27
@PHYSICIANS SERVICES	666	2 , 257	\$	121,714.51	\$	53.93	.629	\$	182.75	\$	33.91
OUTPATIENT VISITS	345	478		17,397.13		36.40	.133		50.43		4.85
OFFICE VISITS	294	402		13,256.79		32.98	.112		45.09		3.69
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	42	46		2,807.17		61.03	.013		66.84		.78

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	6	8		549.67		68.71	.002		91.61		.15
OTHER OUTPATIENT	21	22		783.50		35.61	.006		37.31		.22
INPATIENT VISITS	54	238		11,790.40		49.54	.066		218.34		3.29
HOSPITAL VISITS	40	191		8 , 807.50		46.11	.053		220.19		2.45
CRITICAL CARE	7	20		2,369.30		118.47	.006		338.47		.66
SNF/ICF/TRANS IP CARE	14	27		613.60		22.73	.008		43.83		.17
OPHTHALMOLOGICAL SERVICES	9	9		417.50		46.39	.003		46.39		.12
EXAMINATIONS	9	9		417.50		46.39	.003		46.39		.12
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	37	303		38,502.73		127.07	.084		1040.61		10.73
PRINCIPAL SURGEON	31	53		31,482.49		594.01	.015		1015.56		8.77
ASSISTANT SURGEON	6	6		1,799.69		299.95	.002		299.95		.50
ANESTHESIOLOGIST	13	244		5,220.55		21.40	.068		401.58		1.45
OUTPATIENT SURGERY	59	104		12,575.01		120.91	.029		213.14		3.50
PRINCIPAL SURGEON	54	67		11,356.01		169.49	.019		210.30		3.16
ASSISTANT SURGEON	1	1		93.08		93.08	.000		93.08		.03
ANESTHESIOLOGIST	7	36		1,125.92		31.28	.010		160.85		.31
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	64	84		1,406.15		16.74	.023		21.97		.39
RADIOLOGY	130	262		11,572.11		44.17	.073		89.02		3.22
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	24	41		487.86		11.90	.011		20.33		.14
OTHER SERVICES/ALL X-OVERS	242	738		27,565.62		37.35	.206		113.91		7.68
@PHARMACY	2,572	17,062	\$		\$	57.04	4.754	Ś	378.36	S	271.15
PRESCRIPTION DRUGS	2,540	12,529	۲	949,692.26	Υ	75.80	3.491	7	373.89	Υ	264.61
SNF/ICF	81	565		40,712.80		72.06	.157		502.63		11.34
OUTPATIENTS	2,466	11,964		908,979.46		75.98	3.334		368.60		253.27
MEDICAL SUPPLIES	181	4,533		23,453.58		5.17	1.263		129.58		6.53
@DENTIST	42	188	\$		\$	77.60	.052	Ċ	347.33	Ċ	4.06
VISITS - DIAGNOSTIC	17	59	۲	859.00	۲	14.56	.016	۲	50.53	ې	.24
ORAL SURGERY	7	25		1,051.00		42.04	.010		150.14		.29
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.06
	2	3		400.00		133.33	.001		200.00		.11
PERIODONTICS	4	4									
ENDODONTICS	16	=		891.00		222.75	.001		222.75		.25
RESTORATIVE DENTISTRY		55		7,145.00		129.91	.015		446.56		1.99
PROSTHETICS	0 12	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES		34		3,992.00		117.41	.009		332.67		1.11
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	•	•		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	6		50.00		8.33	.002		25.00		.01
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 7,306
MOP024	FEE-FOR-SERVICE	'									01/17/03
MODOC COUNTY	SUMMARY OF SERV	VICES FOR CASH GRA	ANT	- DISABLED		AID CODE					
0 500							M				
3,589 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
O O D TO WE TO T O T	100	OR DAYS OF CARE		0 541 01		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	190	470	\$	9,741.91	\$	20.73	.131	Ş	51.27	Ş	
DIAGNOSTIC AND ANC. PROCED	85	112		3,586.52		32.02	.031		42.19		1.00
EYE APPLIANCES	100	261		4,212.29		16.14	.073		42.12		1.17
OTHER OPTOMETRIC SERVICES	74	97		1,943.10	_	20.03	.027	_	26.26		.54
@CHIROPRACTOR	5	8	\$	127.57	Ş		.002	Ş	25.51	Ş	.04
VISITS	5	8		127.57		15.95	.002		25.51		.04

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	58	\$ 4,341.88	\$ 74.86	.016	\$ 4341.88	\$ 1.21
NURSE ANESTHESIST	1	13	\$ 26.37	\$ 2.03	.004	\$ 26.37	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	896	4,680	\$ 824,408.67	\$ 176.16	1.304	\$ 920.10	\$ 229.70
HOSP INPATIENT TOTAL	62	292	699,165.12	2394.40	.081	11276.86	194.81
HSC HOSPITALS	3	16	17,808.00	1113.00	.004	5936.00	4.96
NON-HSC HOSPITAL TOTAL	41	230	669,182.40	2909.49	.064	16321.52	186.45
ACCOMMODATIONS	39	230	143,295.95	623.03	.064	3674.26	39.93
ADMINISTRATIVE DAYS	1	2	450.99	225.50	.001	450.99	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	39	228	142,844.96	626.51	.064	3662.69	39.80
ANCILLARIES	41	0	525,886.45	.00	.000	12826.50	146.53
INPATIENT CROSSOVERS	18	46	12,174.72	264.67	.013	676.37	3.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	866	4,388	125,243.55	28.54	1.223	144.62	34.90
MEDICAL	262	530	17,365.55	32.77	.148	66.28	4.84
SURGERY	57	68	6 , 787.40	99.81	.019	119.08	1.89
PATHOLOGY	347	1,396	14,445.13	10.35	.389	41.63	4.02
RADIOLOGY	244	345	32,607.50	94.51	.096	133.64	9.09
ROOM USE	244	390	17,508.63	44.89	.109	71.76	4.88
CROSSOVERS/ALL OTH OUTPTNT	442	1,659	36,529.34	22.02	.462	82.65	10.18
@COUNTY HOSPITAL TOTAL	2	18	\$ 204.41	\$ 11.36	.005	\$ 102.21	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00	
ANCILLARIES	0	0		.00		.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	2	18		204.41		11.36	.005	102.21		.06	
MEDICAL	0	0		.00		.00	.000	.00		.00	
SURGERY	0	0		.00		.00	.000	.00		.00	
PATHOLOGY	2	16		130.78		8.17	.004	65.39		.04	
RADIOLOGY	1	1		39.20		39.20	.000	39.20		.01	
ROOM USE	1	1		34.43		34.43	.000	34.43		.01	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00	
	-	•	IDEC	MONTH-OF-PAYMENT R	FPOR				Б	PAGE 7,307	
MOP024	FEE-FOR-SERVICE		CHILL	MONIII OF FAIMENT N	EFOR.	I FOR UAN 2	ZOOZ IIIKO DE	C 2002	F	01/17/03	
MODOC COUNTY		ICES FOR CASH (יים א אוייי	- DICABIED		AID CODE	60			01/1//03	
MODOC COUNTI	SOMMANT OF SERV	ICES FOR CASH C	21/WI/ T	DISABLED		AID CODE	MON	תחור אוובטא	CE		
3,589 ELIGIBLES	USERS	UNITS OF SERVIC	70	EXPENDITURES	7\ 7.71	EDICE COCH	UNITS/DAYS		-	COST PER	
3,309 ELIGIBLES	USEKS	OR DAYS OF CAR		EVLENDIIOVE2		R UNIT/DAY		USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	894	4,662	\$	824,204.26		176.79	1.299 \$			229.65	
COMM HOSP INPATIENT TOTAL	62	292	۲	699,165.12	۲	2394.40	.081	11276.86	ې	194.81	
HSC HOSPITALS	3	16		17,808.00		1113.00	.004	5936.00		4.96	
		230				2909.49	.064	16321.52		186.45	
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	41 39	230		669,182.40		623.03		3674.26		39.93	
	1	230		143,295.95 450.99		225.50	.064	450.99		.13	
ADMINISTRATIVE DAYS	0	0					.001				
TRANSITIONAL IP CARE	39	228		.00		.00	.000	.00		.00	
ALL OTHER ACCOM	39 41	228		142,844.96		626.51	.064	3662.69		39.80	
ANCILLARIES	41 18	•		525,886.45		.00	.000	12826.50		146.53	
INPATIENT CROSSOVERS	18	46		12,174.72		264.67	.013	676.37		3.39	
ALL OTHER INPATIENT	•	0		.00		.00	.000	.00		.00	
COMM HOSP OUTPATIENT TOTAL	864	4,370		125,039.14		28.61	1.218	144.72		34.84	
MEDICAL	262	530		17,365.55		32.77	.148	66.28		4.84	
SURGERY	57	68		6,787.40		99.81	.019	119.08		1.89	
PATHOLOGY	345	1,380		14,314.35		10.37	.385	41.49		3.99	
RADIOLOGY	243	344		32,568.30		94.68	.096	134.03		9.07	
ROOM USE	243	389		17,474.20		44.92	.108	71.91		4.87	
CROSSOVERS/ALL OTH OUTPTNT		1,659		36,529.34		22.02	.462	82.65		10.18	
@STATE HOSPITAL	7	549	\$	294,264.00	\$	536.00		42037.71	Ş	81.99	
MENTALLY ILL	0	0		.00		.00	.000	.00		.00	
DEVELOP. DISABLED	7	549		294,264.00		536.00	.153	42037.71		81.99	
@NURSING FACILITY	40	1,044	\$	178,193.02	\$			4454.83	\$	49.65	
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00	
LEV B-REHAB MD	12	364		44,008.82		120.90	.101	3667.40		12.26	
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000	.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00	
TEU D DECLITAD	2.0	(00		124 104 20		107 22	100	4702 20		27 20	

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

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@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	6	50	\$	982.42	\$	19.65	.014	\$	163.74	\$.27
HOSPITAL BASED	6	50		982.42		19.65	.014		163.74		.27
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	323	1,351	\$	14,709.22	\$	10.89	.376	\$	45.54	\$	4.10
PATHOLOGY	315	1,328		13,819.44		10.41	.370		43.87		3.85
XO AND OTHERS	8	23		889.78		38.69	.006				.25
@ORGANIZED OUTPATIENT CLINIC	1,350	2,517		256,812.82 180.04	\$	102.03	.701		190.23	Ś	
CLINIC	4			180.04		20.00	.003		45.01		.05
SURGICENTER	3	9		1,057.37		117.49	.003		352.46		.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	1,347	2,499		255,575.41		102.27	.696				71.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		URES							P	AGE 7,308
MOP024	FEE-FOR-SERVICE		01120	11011111 01 111111111111111111111111111			2002 211110		2002		01/17/03
MODOC COUNTY			GRANT	- DISABLED		AID CODE	60				01/1//03
110200 000111		1020 1010 011011	0141111	510115225		1112 0022		/ONT	HLY AVERA	GE.	
3,589 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	ΔV	ERAGE COST					COST PER
3,303 EE101EE10	OBLIG	OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	463	21,272	Ś	88,178.78	Ś.	4.15			190.45		-
DURABLE MED EQUIP	76	242	۲		Υ	118.29			376.65	Ψ	7.98
BIOOD BANK	, 0	0		28,625.34		118.29 .00 53.36 19.37	.000		.00		.00
HENDING AID DISDENSEDS	4	6		200 14		53 36	000				.09
MEDICAL TRANSPORTATION	47					19 37	278		80.04 410.40		5.37
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	30	701		12 /72 82		15.37	.220		319.82		3.48
OTHER TRANS	3	170		12,472.82 355.22		15.77 2.00	.050		118.41		.10
OTHER TRANS	9	170		6,460.67		230 20	.008		717.85		1.80
ACUPUNCTURE	0	996 791 178 27 0 0 3 0 210 59		.00		239.28	.000		.00		.00
	0	0		.00		.00	.000		0.0		.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	3	3		265.00		.00	.000		88.33		.07
TUMO MODEL NE NE ATDO MOOD	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL TUEDADICT	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL INERAPIST	0	21.0		2,503.45		11 02	.059				.70
OPIICIAN	09	210		657.46		11.92 11.14			28.13 109.58		.18
PODMADIE V DAV	0	0		.00		.00	.000				.00
PORTABLE X-KAI	1.0	0		5,605.96		200.21			.00 467.16		
	9	0 28 23 5		5,605.96		200.21	.008		407.10		1.56 1.49
FROSIDETICS	9	23		5,349.68 256.28		232.59 51.26	.006		594.41 85.43		.07
ORTHOTICS	0	5 0		230.20		.00			.00		
PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	5	0 17		.00 451.74		26.57	.000		90.35		.00 .13
SPEECH AND AUDIOLOGY	0	1 /		38.36		26.57					
NONINST BIRTHING CENTERS	0	0					.000		.00		.01
NONINST BIRTHING CENTERS				.00 11,402.01		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	58 0	1,594		11,402.01		7.15	.444		196.59		3.18
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00					.00
RESPIRATORY CARE PRACT.		0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	1.07	•		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0 187 58	18,117	<u>_</u>	19,020.61 30,422.49	<u> </u>	1.05	5.048			<u> </u>	5.30
@CALIF. CHILDREN SERVICES*	58	514		30,422.49	Ş	59.19					8.48
@XOVER EXCLUDING STATE HOSP**		8,661	\$	51,818.83	Ş	5.98	2.413	Ş	109.79	Ş	14.44
0* TOTALS IN THESE LINES ARE											
THE AMOUNTS ARE ALREADY IN											

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

6,930 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,309
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

@TOTAL, ALL PROVIDERS	3,406	18,434	\$		\$	50.69	2.660		274.35		134.84
@PHYSICIANS SERVICES	679	2,066	\$	79 , 849.55	\$	38.65	.298	\$	117.60	\$	11.52
OUTPATIENT VISITS	513	723		22,754.17		31.47	.104		44.36		3.28
OFFICE VISITS	426	572		15,788.20		27.60	.083		37.06		2.28
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	84	90		3,131.50		34.79	.013		37.28		.45
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	36	56		3,649.72		65.17	.008		101.38		.53
OTHER OUTPATIENT	4	5		184.75		36.95	.001		46.19		.03
INPATIENT VISITS	26	123		10,080.07		81.95	.018		387.70		1.45
HOSPITAL VISITS	19	51		2,507.99		49.18	.007		132.00		.36
CRITICAL CARE	7	72		7,572.08		105.17	.010		1081.73		1.09
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		122.08		30.52	.001		30.52		.02
EXAMINATIONS	4	4		122.08		30.52	.001		30.52		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	30	280		13,675.90		48.84	.040		455.86		1.97
PRINCIPAL SURGEON	21	26		11,669.64		448.83	.004		555.70		1.68
ASSISTANT SURGEON	1	1		216.68		216.68	.000		216.68		.03
ANESTHESIOLOGIST	11	253		1,789.58		7.07	.037		162.69		.26
OUTPATIENT SURGERY	89	495		20,282.34		40.97	.071		227.89		2.93
PRINCIPAL SURGEON	76	95		17,426.85		183.44	.014		229.30		2.51
ASSISTANT SURGEON	2	2		269.54		134.77	.000		134.77		.04
ANESTHESIOLOGIST	16	398		2,585.95		6.50	.057		161.62		.37
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	96 91	131		986.32		7.53	.019		10.27		.14
RADIOLOGY		132		6,391.29		48.42	.019		70.23		.92
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	30	79		1,121.74		14.20	.011		37.39		.16
OTHER SERVICES/ALL X-OVERS	46	99		4,435.64		44.80	.014		96.43		.64
@PHARMACY	1,489	3,446	\$	183,526.27	\$	53.26	.497	\$		\$	26.48
PRESCRIPTION DRUGS	1,485	3 , 333		182,915.66		54.88	.481		123.18		26.39
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,485	3 , 333		182,915.66		54.88	.481		123.18		26.39
MEDICAL SUPPLIES	14	113		610.61		5.40	.016		43.62		.09
@DENTIST	75	439	\$	20,314.25	\$	46.27	.063	\$		\$	2.93
VISITS - DIAGNOSTIC	45	198		2,448.75		12.37	.029		54.42		.35
ORAL SURGERY	15	69		5,886.00		85.30	.010		392.40		.85
DRUGS	4	9		120.00		13.33	.001		30.00		.02
ANESTHESIA	15 4 7 0	7		700.00		100.00	.001		100.00		.10
		0		.00		.00	.000		.00		.00
ENDODONTICS	8	38		2,959.00		77.87	.005		369.88		.43
RESTORATIVE DENTISTRY	16	84		5,648.50		67.24	.012		353.03		.82
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	3		422.00		140.67	.000		211.00		.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	19	27		2,130.00		78.89	.004		112.11		.31
ALL OTHER SERVICES	2	2		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV			KES I	MONTH-OF-PAYMENT R	EPOR1	r for Jan	2002 THRU D	ЕC	2002	Ρ.	AGE 7,310
MOPO24	FEE-FOR-SERVICE		22	25 20 40 42 27 27	25 2-		4.0				01/17/03
MODOC COUNTY	SUMMARY OF SER	/ICES FOR CGF 30-	-33 (35 38 40 42 3A-3M	3P 3F	R 3U 3W 4C				~ =	
C 020 BITCIBIB	HORDS	INITED OF OFFICE	_	DVDDND TELLD C	7. 7. 7. 7.	1D3.CE .CC.	MO				
6,930 ELIGIBLES	USERS	UNITS OF SERVICE	ഥ	EXPENDITURES	AVE	KAGE COST	UNITS/DAYS		JUST PER		COST PER

@OPTOMETRIST	217	463	\$	10,263.41	\$	22.17	.067	\$	47.30	\$	1.48
DIAGNOSTIC AND ANC. PROCED	125	136		5,524.66		40.62	.020		44.20		.80
EYE APPLIANCES	117	279		3,734.25		13.38	.040		31.92		.54
OTHER OPTOMETRIC SERVICES	40	48		1,004.50		20.93	.007		25.11		.14
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	<u> </u>		<u> </u>		<u> </u>			<u>^</u>		<u> </u>	
@PODIATRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	811	3,036	\$	240,531.05	\$	79.23	.438	\$	296.59	\$	34.71
HOSP INPATIENT TOTAL	32	104	·	152,823.34		1469.46	.015		775.73	•	22.05
HSC HOSPITALS	2	10		15,175.00		1517.50	.001		587.50		2.19
NON-HSC HOSPITAL TOTAL	30	94		137,648.34		1464.34	.014		588.28		19.86
	29	94		46,866.20		498.58	.014		616.08		6.76
ACCOMMODATIONS	0	0		· ·				1			.00
ADMINISTRATIVE DAYS	· · · · · · · · · · · · · · · · · · ·	-		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	29	94		46,866.20		498.58	.014		616.08		6.76
ANCILLARIES	30	0		90,782.14		.00	.000	3	026.07		13.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	793	2 , 932		87 , 707.71		29.91	.423		110.60		12.66
MEDICAL	346	502		16 , 778.97		33.42	.072		48.49		2.42
SURGERY	75	75		8,119.31		108.26	.011		108.26		1.17
PATHOLOGY	294	829		8,253.94		9.96	.120		28.07		1.19
RADIOLOGY	278	396		25,352.97		64.02	.057		91.20		3.66
ROOM USE	373	479		21,293.22		44.45	.069		57.09		3.07
CROSSOVERS/ALL OTH OUTPINT	335	651		7,909.30		12.15	.094		23.61		1.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00		.00	.000		.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00			.000		.00		.00
	0	0				.00					
ALL OTHER INPATIENT	•	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	U	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT F	REPOR	r for Jan 20	02 THRU I	DEC 2	002	PP	GE 7,311
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
MODOC COLIMINA	CHMMADA OF CEDATORS F	OD CCE 20	2.2	2E 20 40 42 27 2M	20 21	211 214 40 4	C				

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

MODOC COUNTY

						MOI	NTHLY AVERA	GE -	
6,930 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	811	3,036	\$	240,531.05	\$ 79.23	.438	296.59	\$	34.71
COMM HOSP INPATIENT TOTAL	32	104		152,823.34	1469.46	.015	4775.73		22.05
HSC HOSPITALS	2	10		15,175.00	1517.50	.001	7587.50		2.19
NON-HSC HOSPITALS TOTAL	30	94		137,648.34	1464.34	.014	4588.28		19.86
ACCOMMODATIONS	29	94		46,866.20	498.58	.014	1616.08		6.76
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	29	94		46,866.20	498.58	.014	1616.08		6.76
ANCILLARIES	30	0		90,782.14	.00	.000	3026.07		13.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	793	2,932		87 , 707.71	29.91	.423	110.60		12.66
MEDICAL	346	502		16,778.97	33.42	.072	48.49		2.42
SURGERY	75	75		8,119.31	108.26	.011	108.26		1.17
PATHOLOGY	294	829		8,253.94	9.96	.120	28.07		1.19
RADIOLOGY	278	396		25,352.97	64.02	.057	91.20		3.66
ROOM USE	373	479		21,293.22	44.45	.069	57.09		3.07
CROSSOVERS/ALL OTH OUTPTNT	335	651		7,909.30	12.15	.094	23.61		1.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5	7	\$	266.51	\$	38.07	.001	\$	53.30	\$.04
HOSPITAL BASED	5	7		266.51		38.07	.001		53.30		.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	274	605	\$	10,969.65	\$	18.13	.087	\$	40.04	\$	1.58
PATHOLOGY	274	605		10,969.65		18.13	.087		40.04		1.58
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,723	2,706	\$	338,395.14	\$	125.05	.390	\$	196.40	\$	48.83
CLINIC	4	7		179.70		25.67	.001		44.93		.03
SURGICENTER	1	4		156.55		39.14	.001		156.55		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,718	2,695		338,058.89		125.44	.389		196.77		48.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	RES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 7,312
MOP024	FEE-FOR-SERVICE/DENT										01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

110200 000111	SOIMME OF SER	1010 1010 001 00	, ,,,	30 30 10 12 311 311	31 31 30 3W 10	MC	NTHLY AVERA	GE
6,930 ELIGIBLES	USERS	UNITS OF SERVIO	TE.	EXPENDITURES	AVERAGE COST			COST PER
0,950 EDIGIDDES	ODERO	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	352	5,666	\$	50,309.81	\$ 8.88	.818		
DURABLE MED. EQUIP.	16	25	Ψ	1,737.99	69.52	.004	108.62	.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		99.99	50.00	.000	99.99	.01
MEDICAL TRANSPORTATION	30	874		16,296.96	18.65	.126	543.23	2.35
AMBULANCES/AIR TRANS	29	872		13,746.96	15.76	.126	474.03	1.98
OTHER TRANS	0	0,2		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		2,550.00	1275.00	.000	1275.00	.37
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3		265.00	88.33	.000	88.33	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	83	164		1,453.86	8.87	.024	17.52	.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		84.84	42.42	.000	42.42	.01
PROSTHETICS	1	1		68.26	68.26	.000	68.26	.01
ORTHOTICS	1	1		16.58	16.58	.000	16.58	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3		124.19	41.40	.000	124.19	.02
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	218	4,438		29,496.69	6.65	.640	135.31	4.26
EPSDT SUPPLEMENTAL SERVICE	0	. 0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	155		750.29	4.84	.022	125.05	.11
@CALIF. CHILDREN SERVICES*	16	81	\$	9,023.14	\$ 111.40	.012	\$ 563.95	\$ 1.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00		\$.00	\$.00
		DAME INFORMATION	TODA	ONT				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,313 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT

11,200 ELIGIBLES	MODOC COUNTY	SUMMARY OF SER	VICES FOR CASH GRAI	NT						
TOTAL, ALL PROVIDERS 7,010 74,722 \$ 4,034,486.03 \$53,99 6.672 \$ 575.3 \$ 360.12 \$ 570712, ALL PROVIDERS 7,010 74,722 \$ 4,034,486.03 \$ 53,99 6.672 \$ 575.3 \$ 360.12 \$ 570712, ALL PROVIDERS 1,421 4,575 \$ 204,659.5 \$ 44.73 .408 \$ 144.03 \$ 18.27 \$ 00TPATIENT VISITS 720 974 29,044.93 29,86 .000 40.3 \$ 2.58 \$ 00TPATIENT YISTS 720 974 29,86 .000 .000 40.3 \$ 2.58 \$ 00TPATIENT YISTS 720 974 29,86 .000 .000 .000 .000 .000 \$ 2.58 \$ 00TPATIENT YISTS 720 974 29,86 .000 .000 .000 .000 .000 \$ 2.50 \$ 00TPATIENT YISTS 720 968.28 .000 .000 .000 .000 .000 .000 \$ 2.50 \$ 00TPATIENT YISTS 725 924 2	44 000								ΔGE	
## STORYLL ALL PROVIDERS	11,200 ELIGIBLES	USERS			EXPENDITURES					
### PATRICIANS SEXVICES 1,421		= 04.0		_						-
OFFICE VISITS 858 1,201 40,151.30 33.43 107 46.80 3.58 OFFICE VISITS 720 974 29,044.99 29,82 387 40.34 2.59 HOME VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 EMBREGENCY ROOM 126 136 5,936.67 43.67 0.12 47.13 53 HENVENTIVE CARE 0 0 0 4.19.90 0.00 0.00 0.00 0.00 0.00 GUISTIST COMPRE PERI 42 44 49.90 99.93 65.00 0.00 99.93 79 INDATISM VISITS 50 361 21.870.47 60.58 1.32 273.38 1.95 HOSPITAL VISITS 50 361 21.870.47 60.58 1.32 273.38 1.95 GUITTCAL CARE 14 92 99.91.38 108.06 0.08 710.10 8.9 SNY/ICT/FARNS IP CARE 14 27 613.60 22.73 0.02 43.83 0.5 OPHIBAMOLOGICAL SERVICES 13 13 539.58 41.51 0.01 41.51 0.5 SEXMINATIONS 13 13 539.58 41.51 0.01 41.51 0.5 SEXMINATIONS 13 13 539.58 41.51 0.01 41.51 0.5 SEXMINATIONS 7 7 2.155.80 9.60 0.00 0.00 0.00 0.00 0.00 INDATISM HOSPITAL SURGEON 7 7 2.155.80 9.60 0.00 0.00 0.00 0.00 0.00 ANSENSISTANT SURGEON 3 3 3 3 3 3 3 3 3	•	•	•			•				
OFFICE VISITS		-	,	Ş	. ,				Ş	
BEME VISITS 0 0 0000000000000 EMERGENY ROOM 126 136 5.938.F3 43.67012 47.13 5.53 FREVENTIVE CARE 0 0 0 000					•					
BRENCENCY ROOM	OFFICE VISITS				29 , 044.99					
PREVENTIVE CARE	HOME VISITS									
ON VISITS/COMPRE PERI	EMERGENCY ROOM				5 , 938.67			47.13		.53
OTHER OUTPAITINT 25	PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	OB VISITS/COMPRE PERI	42	64		4,199.39	65.62	.006	99.99		.37
HOSPITAL VISITS	OTHER OUTPATIENT	25	27		968.25	35.86	.002	38.73		.09
CRITICAL CARE 14 92 9,941.38 108.06 .008 710.10 .99 SNF/ICP/TRANS 19 CARE 14 27 613.60 22.73 .002 43.83 .005 OPHTHAIMOLOGICAL SERVICES 13 13 13 539.58 41.51 .001 41.51 .005 EXAMINATIONS 13 13 539.58 41.51 .001 41.51 .005 SERVICES AND MATERIALS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	INPATIENT VISITS	80	361		21,870.47	60.58	.032	273.38		1.95
CRITICAL CARE 14 92 9,941.38 108.06 .008 710.10 .89 SSF/ICP/TRANS IP CARE 14 27 613.60 22.73 .002 43.83 .005 OPHTHAIMOLOGICAL SERVICES 13 13 13 539.58 41.51 .001 41.51 .005 EXAMINATIONS 13 13 539.58 41.51 .001 41.51 .005 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOSPITAL VISITS	59	242		11,315.49	46.76	.022	191.79		1.01
SNF/ICF/TRANS IP CARE 14 27 613.60 22.73 .002 43.83 .05 OPH HARMOLOCICAL SERVICES 13 13 13 539.58 41.51 .001 41.51 .05 EXAMINATIONS 13 13 539.58 41.51 .001 41.51 .05 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CRITICAL CARE	14	92		9,941.38	108.06	.008	710.10		.89
OPHTHALMOLOGICAL SERVICES		14								
EXAMINATIONS 13 13 13 539.58 41.51 .001 41.51 .05 SRIVICES AND MATERIALS 0 0 0 0 .000 .000 .000 .000 .000 .000		1.3	1.3							.05
SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 100 1										
INPATIENT HOSPITAL SURGERY										
PRINCIPAL SURGEON 52 79 43,152,13 546,23 .007 829.85 3.85 ASSITANT SURGEON 7 7 7 2,016.37 288.05 .001 288.05 .08 AND STREET SURGERY 148 599 32,857.35 54.85 .03 222.01 2.93 PRINCIPAL SURGEON 130 162 28,782.86 177.67 .014 221.41 2.57 ASSISTANT SURGEON 3 3 3 3 362.62 120.87 .000 120.87 .03 ADDITION SURGEON 3 3 3 3 362.62 120.87 .000 120.87 .03 ADDITION SURGEON 160 215 2.932.47 11.3 .019 14.95 .21 ADDITION SURGEON 160 215 2.932.47 11.13 .019 14.95 .21 ADDITION SURGEON 221 394 17,963.40 45.59 .035 81.28 1.60 PSYCHIATRY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00										
ASSISTANT SURGEON 7 7 7 7 2,016.37 288.05 .001 288.05 .18 ANSTHESIOLOGIST 24 497 7,010.13 14.10 .044 292.09 .63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0										
ANSSTRESIOLOGIST 24 497 7,010,13 14,10 0.04 292.09 6.3 OUTPATIENT SURGERY 188 599 32,857.35 54.85 0.53 222.01 2.93 PRINCIPAL SURGEON 130 162 28,782.86 177.67 0.14 221.41 2.57 ASSISTANT SURGEON 3 3 3 362.62 120.87 0.00 120.87 0.3 ANSSTRESIOLOGIST 23 434 3,711.87 8.55 0.39 161.39 .33 DIALYSIS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00										
OUTPATIENT SURGERY 148 599 32,857,35 54.85 .053 222.01 2.93 PRINCIPAL SURGEON 130 162 28,782.86 177.67 .014 221.41 2.57 ASSISTANT SURGEON 3 3 362.62 120.87 .000 120.87 .03 ANESTHESIOLOGIST 23 434 3,711.87 8.55 .039 161.39 .33 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 160 215 2,332.47 11.13 .019 14.95 .21 RADIOLOGY 160 215 2,332.47 11.13 .019 14.95 .21 PSYCHAITRY 0 0 .00										
PRINCIPAL SURGEON										
ASSISTANT SURGEON 3 3 3 36.62 120.87 .000 120.87 .03 ANESTHESIOLOGIST 23 434 3,711.87 8.55 0.39 161.39 .33 DIALYSIS 0 0 0 0 .00 .000 .000 .000 .000 .000										
ANESTHESIOLOGIST 23 434 3,711.87 8.55 .039 161.39 .33 DIALYSIS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00										
DIALYSIS DIALYSIS DIALYSIS O PATHOLOGY PATHOLOGY PATHOLOGY PATHOLOGY PATHOLOGY PATHOLOGY DIALYSIS RADIOLOGY PATHOLOGY PA										
PATHOLOGY										
RADIOLOGY 221 394 17,963.40 45.59 .035 81.28 1.60 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•								
PSYCHIATRY O										
IMMUNIZATION AND INJECTION 54 120 1,609.60 13.41 .011 29.81 .14 OTHER SERVICES/ALL X-OVERS 364 1,089 35,096.85 32.23 .097 96.42 3.13 (PHARMACY 4,544 23,037 \$ 1,275,265.44 \$ 55.36 2.057 \$ 280.65 \$ 113.86 PRESCRIPTION DRUGS 4,505 17,943 1,249,222.48 69.62 1.602 277.30 111.54 SNF/ICF 107 690 47,825.01 69.31 .062 446.96 4.27 OUTPATIENTS 4,411 17,253 1,201,397.47 69.63 1.540 272.36 107.27 MEDICAL SUPPLIES 216 5,094 26,042.96 5.11 .455 120.57 2.33 (PDENTIST 120 634 \$ 35,897.25 \$ 56.62 .057 \$ 299.14 \$ 3.21 VISITS - DIAGNOSTIC 64 260 3,3352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 4 9 9 9 900.00 100.00 .001 100.00 .01 ANESTHESIA 9 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 2 3 400.00 133.33 .001 30.00 .01 ANESTHESIA 9 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 2 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 2 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 2 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 2 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 2 2 3 400.00 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 0 0 0 0 0.00 .00 .00 .00 .00 .00 .										
OTHER SERVICES/ALL X-OVERS 364 1,089 35,096.85 32.23 .097 96.42 3.13 @PHARMACY 4,544 23,037 \$ 1,275,265.44 \$ 55.36 2.057 \$ 280.65 \$ 113.86 PRESCRIPTION DRUGS 4,505 17,943 1,249,222.48 69.62 1.602 277.30 111.54 SNF/ICF 107 690 47,825.01 69.31 .062 446.96 4.27 OUTPATIENTS 4,411 17,253 1,201,397.47 69.63 1.540 272.36 107.27 MEDICAL SUPPLIES 216 5,094 26,042.96 5.11 .455 120.57 2.33 @DENTIST 120 634 \$ 35,897.25 \$ 56.62 .057 \$ 299.14 \$ 3.21 VISITS - DIAGNOSTIC 64 260 3,352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .08 315.32 .62 DRUGS 4 9 120.00 <		-								
@PHARMACY 4,544 23,037 \$ 1,275,265.44 \$ 55.36 2.057 \$ 280.65 \$ 113.86 PRESCRIPTION DRUGS 4,505 17,943 1,249,222.48 69.62 1.602 277.30 111.54 SNF/ICF 107 69.0 47,825.01 69.31 .062 446.96 427 OUTPATIENTS 4,411 17,253 1,201,397.47 69.63 1.540 272.36 107.27 MEDICAL SUPPLIES 216 5,094 26,042.96 5.11 .455 120.57 2.33 @DENTIST 120 634 \$ 35,897.25 \$ 56.62 .057 \$ 299.14 \$ 3.21 VISITS - DIAGNOSTIC 64 260 3,352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 4 9 120.00 13.33 .001 30.00 .01 ANESTHESIA 9 9 90.00 100.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
PRESCRIPTION DRUGS 4,505 17,943 1,249,222.48 69.62 1.602 277.30 111.54 SNF/ICF 107 690 47,825.01 69.31 .062 446.96 4.27 OUTPATIENTS 4,411 17,253 1,201,397.47 69.63 1.540 272.36 107.27 MEDICAL SUPPLIES 216 5,094 26,042.96 5.11 .455 120.57 2.33 GDENTIST 120 634 \$35,897.25 \$56.62 .057 \$299.14 \$3.21 VISITS - DIAGNOSTIC 64 260 33,352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 44 99 120.00 13.33 .001 30.00 .01 AMESTHESIA 9 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 3 400.00 133.33 .000 200.00 .08 PERIODONTICS 2 3 3 400.00 133.33 .000 200.00 .08 PERIODONTICS 2 42 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 24 2 3 ,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 0 0 .00 .00 .000 .000 .000 DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 422.00 140.67 .000 211.00 .04 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0										
SNF/ICF 107 690 47,825.01 69.31 .062 446.96 4.27 OUTPATIENTS 4,411 17,253 1,201,397.47 69.63 1.540 272.36 107.27 MEDICAL SUPPLIES 216 5,094 26,042.96 5.11 .455 120.57 2.33 @DENTIST 120 634 \$ 35,897.25 \$ 56.62 .057 \$ 299.14 \$ 3.21 VISITS - DIAGNOSTIC 64 260 3,352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 4 9 120.00 13.33 .001 30.00 .01 ANDSTHESIA 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 <	-			Ş					Ş	
OUTPATIENTS 4,411 17,253 1,201,397.47 69.63 1.540 272.36 107.27 MEDICAL SUPPLIES 216 5,094 26,042.96 5.11 .455 120.57 2.33 QDENTIST 120 634 \$ 35,897.25 \$ 56.62 .057 \$ 299.14 \$ 3.23 VISITS - DIAGNOSTIC 64 260 3,352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 4 9 120.00 13.33 .001 30.00 .01 ANESTHESIA 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 <td></td>										
MEDICAL SUPPLIES 216 5,094 26,042.96 5.11 .455 120.57 2.33 @DENTIST 120 634 \$ 35,897.25 \$ 56.62 .057 \$ 299.14 \$ 3.21 VISITS - DIAGNOSTIC 64 260 3,352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 4 9 120.00 13.33 .001 30.00 .01 ANESTHESIA 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00 .00 .00 .00 .00										
@DENTIST 120 634 \$ 35,897.25 \$ 56.62 .057 \$ 299.14 \$ 3.21 VISITS - DIAGNOSTIC 64 260 3,352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 4 9 120.00 13.33 .001 30.00 .01 ANESTHESIA 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 400.00 133.33 .000 200.00 .08 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00		•	•							
VISITS - DIAGNOSTIC 64 260 3,352.75 12.90 .023 52.39 .30 ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 4 9 120.00 13.33 .001 30.00 .01 ANESTHESIA 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 422.00 140.67 .000 .00	MEDICAL SUPPLIES									
ORAL SURGERY 22 94 6,937.00 73.80 .008 315.32 .62 DRUGS 4 9 120.00 13.33 .001 30.00 .01 ANESTHESIA 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00	@DENTIST			\$					\$	
DRUGS 4 9 120.00 13.33 .001 30.00 .01 ANESTHESIA 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 422.00 140.67 .000 .01 .04 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .1	VISITS - DIAGNOSTIC				3,352.75					
ANESTHESIA 9 9 900.00 100.00 .001 100.00 .08 PERIODONTICS 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 3 422.00 140.67 .000 211.00 .04 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .19	ORAL SURGERY				6,937.00	73.80	.008	315.32		.62
PERIODONTICS 2 3 400.00 133.33 .000 200.00 .04 ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00	DRUGS		9		120.00	13.33	.001	30.00		.01
ENDODONTICS 12 42 3,850.00 91.67 .004 320.83 .34 RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 422.00 140.67 .000 211.00 .04 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .19	ANESTHESIA				900.00	100.00	.001	100.00		.08
RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 422.00 140.67 .000 211.00 .04 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .19	PERIODONTICS	2	3		400.00	133.33	.000	200.00		.04
RESTORATIVE DENTISTRY 33 140 12,793.50 91.38 .013 387.68 1.14 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 422.00 140.67 .000 211.00 .04 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .19	ENDODONTICS	12	42		3,850.00	91.67	.004	320.83		.34
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 422.00 140.67 .000 211.00 .04 MAXILLOFACIAL SERVICES 0 0 .00	RESTORATIVE DENTISTRY	33	140			91.38	.013	387.68		1.14
DENTURES, STAYPLATES 15 39 4,942.00 126.72 .003 329.47 .44 SPACE MAINTAINERS 2 3 422.00 140.67 .000 211.00 .04 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .19		0	0							
SPACE MAINTAINERS 2 3 422.00 140.67 .000 211.00 .04 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .19		15								
MAXILLOFACIAL SERVICES 0 0 .00 </td <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	•									
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .19			0							
ORTHODONTIC SERVICES 21 33 2,180.00 66.06 .003 103.81 .19		-	0							
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

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01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							M	ONT	HLY AVERA	GE	
11,200 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	433	1,000	\$	21,047.16	\$	21.05	.089	\$	48.61	\$	1.88
DIAGNOSTIC AND ANC. PROCED	212	250		9,206.08		36.82	.022		43.42		.82
EYE APPLIANCES	229	574		8,497.06		14.80	.051		37.11		.76
OTHER OPTOMETRIC SERVICES	128	176		3,344.02		19.00	.016		26.13		.30
@CHIROPRACTOR	5 5	8	\$	127.57	\$	15.95	.001	\$	25.51	\$.01
VISITS	5	8		127.57		15.95	.001		25.51		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1 1	58	\$	4,341.88	\$	74.86	.005		4341.88	\$.39
NURSE ANESTHESIST	1	13	\$	26.37	\$	2.03	.001		26.37	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	1,809	8,239	\$		\$	131.37	.736	\$	598.32	\$	96.64
HOSP INPATIENT TOTAL	105	447		860,070.15		1924.09	.040		8191.14		76.79
HSC HOSPITALS	5	26		32,983.00		1268.58	.002		6596.60		2.94
NON-HSC HOSPITAL TOTAL	71	324		806,830.74		2490.22	.029		11363.81		72.04
ACCOMMODATIONS	68	324		190,162.15		586.92	.029		2796.50		16.98
ADMINISTRATIVE DAYS	1	2		450.99		225.50	.000		450.99		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	68	322		189,711.16		589.17	.029		2789.87		16.94
ANCILLARIES	71	0		616,668.59		.00	.000		8685.47		55.06
INPATIENT CROSSOVERS	29	97		20,256.41		208.83	.009		698.50		1.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,752	7,792		222,298.66		28.53	.696		126.88		19.85
MEDICAL	608	1,032		34,144.52		33.09	.092		56.16		3.05
SURGERY	132	143		14,906.71		104.24	.013		112.93		1.33
PATHOLOGY	641 522	2,225		22,699.07		10.20	.199		35.41		2.03
RADIOLOGY		741 869		57,960.47		78.22 44.65	.066		111.04		5.18
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	617 870			38,801.85		19.33	.078 .248		62.89 61.82		3.46 4.80
@COUNTY HOSPITAL TOTAL	870	2,782 18	\$	53,786.04 204.41	Ś	19.33	.002	ċ	102.21	ċ	.02
CO HOSPITAL INPATIENT TOTAL	2 0	0	Ą	.00	Ą	.00	.002	Ş	.00	ې	.02
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	18		204.41		11.36	.002		102.21		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	16		130.78		8.17	.001		65.39		.01

RADIOLOGY	1	1	39.20	39.20	.000	39.20	.00
ROOM USE	1	1	34.43	34.43	.000	34.43	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,315
MOP024	FEE-FOR-SERVICE/DE	ENTAL					01/17/03

MODOC COUNTY	SIIMMARY OF SERVICE	ICES FOR CASH GRAN	יד						01/11/03
MODOC COUNTI	SUMMAKI OF SERV	ICES FOR CASH GRAN	1			MO	ONTHLY AVERA	CE	
11,200 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU	DEC 71	FRACE COST		COST PER		COST PER
11,200 111011110	ODLINO	OR DAYS OF CARE	DMIDNDIIO		ER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1.807	8,221 \$	1,082,164		131.63	.734			96.62
COMM HOSP INPATIENT TOTAL	1,807 105	447	860,070		1924.09	.040	8191.14	7	76.79
HSC HOSPITALS	5	26	32,983		1268.58	.002	6596.60		2.94
NON-HSC HOSPITALS TOTAL	71	324	806,830		2490.22	.029	11363.81		72.04
ACCOMMODATIONS	68	324	190,162		586.92	.029	2796.50		16.98
		2	450		225.50	.000	450.99		.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1 0 68	322	189,711		589.17	.029	2789.87		16.94
ANCILLARIES	71	0	616,668		.00	.000	8685.47		55.06
INPATIENT CROSSOVERS	29	97	20,256		208.83	.009	698.50		1.81
ALL OTHER INPATIENT	0	0	•	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,750	7,774	222,094		28.57	.694	126.91		19.83
MEDICAL	608	1,032	34,144		33.09	.092	56.16		3.05
SURGERY	132	143	14,906		104.24	.013	112.93		1.33
PATHOLOGY	639	2,209	22,568		10.22	.197	35.32		2.02
RADIOLOGY	521	740	57 , 921		78.27	.066	111.17		5.17
ROOM USE	616	868	38,767		44.66	.078	62.93		3.46
CROSSOVERS/ALL OTH OUTPINT		2,782	53,786		19.33	.248	61.82		4.80
@STATE HOSPITAL	7	549 \$	•				\$ 42037.71	Ś	26.27
MENTALLY ILL	0	0		.00	.00	.000	.00	т	.00
DEVELOP. DISABLED	7	549	294,264		536.00	.049	42037.71		26.27
@NURSING FACILITY	69	1,748 \$					\$ 4621.73	Ś	28.47
LEV A-INTERMEDIATE	0	0	,	.00	.00	.000	.00	7	.00
LEV B-REHAB MD	12	364	44,008		120.90	.033	3667.40		3.93
LEV B-SUBACUTE FREESTANDING	==	0	,	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	57	1,384	274,890		198.62	.124	4822.64		24.54
@INTERMEDIATE CARE FACIL DD	0	0 \$,	.00 \$.00	.000		Ś	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	18	25 \$	10,614	.85 \$	424.59	.002	\$ 589.71	\$.95
HOSPITAL BASED	0 0 0 18 0	0		.00	.00	.000	.00		.00
		25	10,614	.85	424.59	.002	589.71		.95
@REHABILITATION FACILITY	11	57 \$	1,248	.93 \$	21.91	.005	\$ 113.54	\$.11
HOSPITAL BASED	11	57	1,248		21.91	.005	113.54		.11
INDEPENDENT FACILITY	0 599 590	0	·	.00	.00	.000	.00		.00
@LABORATORY FACILITY	599	1,958 \$	25,703	.95 \$	13.13	.175	\$ 42.91	\$	2.29
PATHOLOGY	590	1,934	24,811		12.83	.173	42.05		2.22
XO AND OTHERS	9	24	892	.27	37.18	.002	99.14		.08
@ORGANIZED OUTPATIENT CLINIC	3 , 272	5,612 \$			109.38	.501		\$	54.81
CLINIC	. 8	16	359		22.48	.001	44.97		.03
SURGICENTER	4	13	1,213	.92	93.38	.001	303.48		.11
HEROIN DETOX CLINIC	0	0	·	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	3,264	5,583	612,254		109.66	.498	187.58		54.67
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES			RT FOR JAN	2002 THRU I	DEC 2002	P	AGE 7,316

MODULE COUNTY SUPPLIES FOR CASH GRANT							~=
11 000					MON		
11,200 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	919	27,209 \$	146,192.47	\$ 5.37	2.429 \$		\$ 13.05
DURABLE MED. EQUIP.	94	269	30,573.14	113.65	.024	325.25	2.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	1,577.95	143.45	.001	225.42	.14
MEDICAL TRANSPORTATION	77	1,870	35 , 585.67	19.03	.167	462.15	3.18
AMBULANCES/AIR TRANS	68	1,663	26 , 219.78	15.77	.148	385.59	2.34
OTHER TRANS	3	178	355.22	2.00	.016	118.41	.03
OTHER SERVICES	11	29	9,010.67	310.71	.003	819.15	.80
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	530.00	88.33	.001	88.33	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	187	412	4,364.03	10.59	.037	23.34	.39
PHYSICAL THERAPIST	6	59	657.46	11.14	.005	109.58	.06
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	30	5,690.80	189.69	.003	406.49	.51
PROSTHETICS	10	24	5,417.94	225.75	.002	541.79	.48
ORTHOTICS	4	6	272.86	45.48	.001	68.22	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	21	621.33	29.59	.002	88.76	.06
HOSPICE SERVICES	0	0	38.36	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	276	6,032	40,898.70	6.78	.539	148.18	3.65
EPSDT SUPPLEMENTAL SERVICE	0	. 0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	279	18,499	25,655.03	1.39	1.652	91.95	2.29
@CALIF. CHILDREN SERVICES*	76	660	\$ 40,184.36	\$ 60.89	.059 \$	528.74 \$	3.59
@XOVER EXCLUDING STATE HOSP**	701	9,660	\$ 92,610.33	\$ 9.59	.863 \$	132.11 \$	8.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,317 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC									01/1//03
MODOC COUNTY	SUMMARY OF SER	JICES FOR 1	85% PR0	OGRAM	- INFANTS	AID CODES 4				
							MC	NTHLY AVERA	AGE	
74 ELIGIBLES	USERS	UNITS OF SI	ERVICE		EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER		COST PER
		OR DAYS O	F CARE			PER UNIT/DA	AY PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	35		146	\$	42,872.90	\$ 293.65	1.973	\$ 1224.94	\$	579.36
@PHYSICIANS SERVICES	9		48	\$	4,604.24	\$ 95.92	.649	\$ 511.58	\$	62.22
OUTPATIENT VISITS	8		12		300.20	25.02	.162	37.53		4.06
OFFICE VISITS	8		11		255.60	23.24	.149	31.95		3.45
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1		1		44.60	44.60	.014	44.60		.60
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	1		35		4,301.40	122.90	.473	4301.40		58.13
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	1		35		4,301.40	122.90	.473	4301.40		58.13
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
	0		0		.00			.00		
OUTPATIENT SURGERY	0		0			.00	.000			.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		-		.00	.00	.000	.00		.00
DIALYSIS	•		0		.00	.00	.000	.00		.00
PATHOLOGY	1		1		2.64	2.64	.014	2.64		.04
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0	_	.00	.00	.000	.00	_	.00
@PHARMACY	18		23	\$	267.50	\$ 11.63	.311		Ş	3.61
PRESCRIPTION DRUGS	18		23		267.50	11.63	.311	14.86		3.61
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	18		23		267.50	11.63	.311	14.86		3.61
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	•	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00		.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 7,318
MOP024	FEE-FOR-SERVICE/DENTAL	1					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	R 185% PROGRAM	- INFANTS AID	CODES 47 6	59		
				-	MONTE	HLY AVERAC	E
T4 ========						~~~	~~~

MODOC COUNTY	SUMMARY OF SERVICES	FOR 185% PR	.OGRAM -	INFANTS	All	CODES 4/					
							MC	ГИC	HLY AVERA	GΕ	
74 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR	DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
DIAGNOSTIC AND ANC. PROCED	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
	•										
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Ψ.	.00	Ψ	.00	.000	Ψ	.00	٧	.00
	0	0									
SURGERY/ANES.	U	•		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	S	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ċ	.00	\$.00	.000	\$.00	\$.00
	0	•	ې د								
FAMILY NURSE PRACTITIONER	U	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	58	\$	35,996.73	\$	620.63			8999.18	\$	486.44
HOSP INPATIENT TOTAL	1	41		35,711.00		871.00	.554		35711.00		482.58
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	41		35,711.00		871.00	.554		35711.00		482.58
ACCOMMODATIONS	_ 1	41		35,711.00		871.00	.554		35711.00		482.58
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000				
TRANSITIONAL IP CARE	0	-				.00			.00		.00
ALL OTHER ACCOM	Ţ	41		35,711.00		871.00	.554		35711.00		482.58
ANCILLARIES	1	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	17		285.73		16.81	.230		95.24		3.86
MEDICAL	3	3		61.26		20.42	.041		20.42		.83
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		51.14		8.52	.081		25.57		.69
PATHOLOGY	۷	0									
RADIOLOGY	1	1		36.36		36.36	.014		36.36		.49
ROOM USE	3	3		100.92		33.64	.041		33.64		1.36
CROSSOVERS/ALL OTH OUTPTNT	3	4		36.05		9.01	.054		12.02		.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	•									
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	O	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	•	MONTH-OF-PAYMENT R				PAGE 7,319
MOP024	FEE-FOR-SERVICE			CDI OICI I OIC OIIIV I	LOUZ IIIKO DI	10 2002	01/17/03
MODOC COUNTY		ICES FOR 185% PROG	RAM - INFANTS	AID CODES 47	69		01/11/05
HODGC COUNTY	DOINING OF BEILV	1010 1010 1000 11000	TULL TIME TO	TIID CODEO IT		ITHLY AVERAG	E
74 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		_	COST PER
71 111011110	OBLIND	OR DAYS OF CARE	EMILINDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	58 \$	35,996.73	\$ 620.63		8999.18	
	1	41	35,711.00	871.00	.554	35711.00	482.58
COMM HOSP INPATIENT TOTAL	1	0	•				
HSC HOSPITALS	0	41	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1		35,711.00	871.00	.554	35711.00	482.58
ACCOMMODATIONS	1	41	35,711.00	871.00	.554	35711.00	482.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	41	35,711.00	871.00	.554	35711.00	482.58
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	17	285.73	16.81	.230	95.24	3.86
MEDICAL	3	3	61.26	20.42	.041	20.42	.83
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	51.14	8.52	.081	25.57	.69
RADIOLOGY	1	1	36.36	36.36	.014	36.36	.49
ROOM USE	÷ 3	3	100.92	33.64	.041	33.64	1.36
CROSSOVERS/ALL OTH OUTPTNT	3	4	36.05	9.01	.054	12.02	.49
@STATE HOSPITAL	5	0 \$		\$.00	.000 \$		
MENTALLY ILL	0	0 7	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$.00	.000 \$		·
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$		\$.00	.000 \$		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$		\$.00	.000		
	0	0 2		·		.00	.00
HOSPITAL BASED	0	•	.00	.00	.000		
INDEPENDENT FACILITY	U	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2 \$		\$ 21.26	.027 \$		
PATHOLOGY	1	2	42.51	21.26	.027	42.51	.57
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	12 0 0 0 12	15 \$ 0 0 0 0 15 ES AND EXPENDITURES MONT	1,961.92 .00 .00 .00 1,961.92	\$ 130.79 .00 .00 .00 130.79	.203 \$.000 .000 .000 .203	163.49 .00 .00 .00	\$ 26.51 .00 .00 .00 26.51 PAGE 7,320
MOP024	FEE-FOR-SERVICE	/DENTAL				, 2002	01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM -	- INFANTS	AID CODES 47		1111 X ATTENA	CE.
74 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	U	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	U	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	. 0	0 \$ 0 \$.00	\$.00 \$.00	.000 \$.00	
@XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE			.00	\$.00	.000 \$.00	\$.00
THE AMOUNTS ARE ALREADY IN			•				
** THESE DATA ARE INCLUDED I			ADOVE.				
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT	TU_OF_DXVMFNT DE	ים או מער בער ביי	מת זוסטי פרט	2002	PAGE 7,321
MOP024	FEE-FOR-SERVICE		IN-OF-FAIMENT KE	FORT FOR JAN 2	LUUZ INKU DEC	, 2002	01/17/03
MODOC COUNTY		ICES FOR 185% PROGRAM -	- PRECNANT AT	D CODES 44 48	<i>A</i> 9		01/1//05
HODOC COUNTI	SOMMANT OF SERV	TODS FOR TOOS TROOMAN	INDONANI AI	D CODED 44 40	MONT	HILY AVERA	GE
346 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
310 HIIGIBIE	ODLIND	OR DAYS OF CARE	LMILINDITONLO	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	63	394 \$	23,274.94	\$ 59.07	1.139 \$	369.44	
@PHYSICIANS SERVICES	29	70 \$	5,878.44	\$ 83.98	.202 \$	202.70	
OUTPATIENT VISITS	20	42	2,116.38	50.39	.121	105.82	6.12
OFFICE VISITS	4	8	203.45	25.43	.023	50.86	.59
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	34	1,912.93	56.26	.098	112.53	5.53
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	7	303.70	43.39	.020	75.93	.88
HOSPITAL VISITS	4	7	303.70	43.39	.020	75.93	.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	4	2,177.56	544.39	.012	544.39	6.29
PRINCIPAL SURGEON	4	4	2,177.56	544.39	.012	544.39	6.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	1,101.12	550.56	.006	550.56	3.18
PRINCIPAL SURGEON	2	2	1,101.12	550.56	.006	550.56	3.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	13	135.06	10.39	.038	12.28	.39
RADIOLOGY	1	1	37.73	37.73	.003	37.73	.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	5.89	.00	.000	.00	.02
OTHER SERVICES/ALL X-OVERS	1	1	1.00	1.00	.003	1.00	.00
@PHARMACY	13	15	\$ 871.48	\$ 58.10	.043	\$ 67.04	\$ 2.52
PRESCRIPTION DRUGS	13	15	871.48	58.10	.043	67.04	2.52
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13	15	871.48	58.10	.043	67.04	2.52
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	Ü	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	Ô	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0										
DENTURES, STAYPLATES	U	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	· ·	•	IDEC MONI							_	
		ES AND EXPENDIT	JRES MON	TH-OF-PAIMENT RI	EPOR	T FOR JAN	ZUUZ THRU	DEC	2002	Р	AGE 7,322
MOP024	FEE-FOR-SERVICE										01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 185% I	PROGRAM -	- PREGNANT A	ID C	ODES 44 48	49				
							M	TNC	HLY AVERA	.GE	
346 ELIGIBLES	USERS	UNITS OF SERVIO	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY		-	USER		ELIGIBLE
@OPTOMETRIST	0	010 27112 01 0711	\$.00	Ś	.00	.000	ċ	.00		.00
-			Ą		Ą			Ş		Ą	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	·	.00		.00	.000		.00	·	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00		ċ	.00	ċ	
@PODIATRIST	0	ŭ	Ą		Ą			\$		Ą	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	Ś	.00	.000	\$.00	\$.00
	1	2	۲ د		÷						
NURSE MIDWIFE	1		ې م	177.91	\$	88.96	.006	\$	177.91	\$.51
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23	105	\$	13,796.32	\$	131.39	.303	\$	599.84	\$	39.87
HOSP INPATIENT TOTAL	3	11		11,206.41		1018.76	.032		3735.47		32.39
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	11		11,206.41		1018.76	.032		3735.47		32.39
ACCOMMODATIONS	3	11		3,908.80		355.35	.032		1302.93		11.30
	0	0		•							
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	11		3 , 908.80		355.35	.032		1302.93		11.30
ANCILLARIES	3	0		7 , 297.61		.00	.000		2432.54		21.09
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	21	94		2,589.91		27.55	.272		123.33		7.49
	2	2		184.41		92.21	.006		92.21		.53
MEDICAL											
SURGERY	1	1		53.21		53.21	.003		53.21		.15
PATHOLOGY	11	54		445.24		8.25	.156		40.48		1.29
RADIOLOGY	5	7		568.50		81.21	.020		113.70		1.64
ROOM USE	7	12		416.24		34.69	.035		59.46		1.20
CROSSOVERS/ALL OTH OUTPTNT	7	18		922.31		51.24	.052		131.76		2.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	•	0	¥	.00	Y	.00	.000	Y	.00	7	.00
	0										
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ZS MON						Þ	AGE 7,323
MOP024	FEE-FOR-SERVICE/D		1011	III OF TATRENT	INDI OI	I FOR OAN 2	2002 IIINO D	30 2002		01/17/03
MODOC COUNTY	SUMMARY OF SERVICE		CRAM	- PRECNANT	ATD C	ODES 44 48	1 Q			01/1//03
MODOC COONTI	SOMMAN OF SERVICE	ED FOR 1008 IN	JOIMII	INEGNANI	AID C	OP FF CELCO.		NTHLY AVERA	CF	
346 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	2 27	FRACE COST	UNITS/DAYS		_	COST PER
340 EDIGIDES		OR DAYS OF CARE		ENTENDITORE		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	105	\$	13,796.32		131.39	.303			39.87
COMM HOSP INPATIENT TOTAL	3	11	٧	11,206.41		1018.76	.032	3735.47	Y	32.39
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	11		11,206.41		1018.76	.032	3735.47		32.39
ACCOMMODATIONS	3	11		3,908.80		355.35	.032	1302.93		11.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	3	11		3,908.80		355.35	.032	1302.93		11.30
ANCILLARIES	3	0		7,297.61		.00	.000	2432.54		21.09
INPATIENT CROSSOVERS	5	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	21	94		2 , 589.91		27.55	.272	123.33		7.49
MEDICAL	2	2		184.41		92.21	.006	92.21		.53
SURGERY	1	1		53.21		53.21	.003	53.21		.15
PATHOLOGY	11	54		445.24		8.25	.156	40.48		1.29
RADIOLOGY	5	7		568.50		81.21	.020	113.70		1.64
ROOM USE	7	12		416.24		34.69	.020	59.46		1.20
CROSSOVERS/ALL OTH OUTPTNT	7	18		922.31		51.24	.052	131.76		2.67
@STATE HOSPITAL	,	0	\$.00		.00		\$.00	Ċ	.00
MENTALLY ILL	0	0	۲	.00		.00	.000	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	Ś	.00		.00	.000		Ċ	.00
LEV A-INTERMEDIATE	0	0	۲	.00		.00	.000	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

ADEIIADII IMAMIONI EACII IMV	0	0	Ś	0.0	\$	0.0	.000	\$.00	ċ	.00
@REHABILITATION FACILITY	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
HOSPITAL BASED	0					.00				
INDEPENDENT FACILITY	•	0	A	.00	^	.00	.000	.00	<u> </u>	.00
@LABORATORY FACILITY	10	16	\$	251.16	\$	15.70	.046	•	\$.73
PATHOLOGY	10	16		251.16		15.70	.046	25.12		.73
XO AND OTHERS	0	0	_	.00	_	.00	.000	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	1,142.28	\$	163.18	.020		\$	3.30
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	5	7		1,142.28		163.18	.020	228.46		3.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE	7 , 324
MOP024	FEE-FOR-SERVICE	/DENTAL							0	1/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRA	M - PREGNANT A	AID CO	DES 44 48	49			
								NTHLY AVERA	GE	
346 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	6	179	\$	1,157.35	\$	6.47	.517	\$ 192.89	\$	3.34
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	174		732.35		4.21	.503	732.35		2.12
AMBULANCES/AIR TRANS	1	174		732.35		4.21	.503	732.35		2.12
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	5	5		425.00		85.00	.014	85.00		1.23
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
	0	0						.00		
NONINST BIRTHING CENTERS	0	0		.00		.00	.000			.00
LOCAL EDUCATION AGENCIES	U	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	U	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	U	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	_	.00	_	.00	.000	.00	_	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000			.00
@XOVER EXCLUDING STATE HOSP**		0	Ş	.00	\$.00	.000	\$.00	\$.00
0* TOTALS IN THESE LINES ARE				-						
THE AMOUNTS ARE ALREADY IN				S ABOVE.						
** THESE DATA ARE INCLUDED I									_	
#CALIF DEPT OF HEALTH SERV			'URES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU D	EC 2002		7,325
MOP024	FEE-FOR-SERVICE								0	1/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 60-DA	Y POST	PARTUM PROGRAM		AID CODE			~=	
OO ELICIPLES	HOEDO	IINITHO OF CEDIA	CE	EADENDIMIDEC	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DACE COCE	MO	NTHLY AVERA	GE	

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

00 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	0	0 \$	49.42	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0					
	•	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	U	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	Ü	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
	0	0 \$		\$.00		\$.00	\$.00
@PHARMACY	0	0 9					
PRESCRIPTION DRUGS	•		.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$		\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT B				PAGE 7,326
MOP024	FEE-FOR-SERVICE/DI		01 1711111111 1	OIKI TOIK UA	2002 IIIIO D		01/17/03
MODOC COUNTY			ST PARTUM PROGRAM	AID CO	DE 76		01/11/00
110000 0001111	SOUTHWILL OF SEILVICE	TO TOIL OU DAI PO	OI TANTON ENOGRAM	AID CO.		NTHLY AVERA	그루
00 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERACE CO.	ST UNITS/DAYS		COST PER
AA ETIGIDIES	USEKS UI	NITO OF SEKVICE	TVLFNDIIOKF2	AVERAGE CO	OT ONTIS/DAIS	COSI PER	COSI LEK

@OPTOMETRIST	0	0	\$.0) \$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.0)	.00	.000	.00	.00
EYE APPLIANCES	0	0	.0)	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.0)	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.0) \$.00	.000	\$.00	\$.00
VISITS	0	0	.0)	.00	.000	.00	.00
OTHER SERVICES	0	0	.0)	.00	.000	.00	.00
@PODIATRIST	0	0	\$.0) \$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.0)	.00	.000	.00	.00
SURGERY/ANES.	0	0	.0)	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.0)	.00	.000	.00	.00
OTHER	0	0	.0)	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.0) \$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.0) \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.0) \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.0) \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.0) \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.0) \$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.0)	.00	.000	.00	.00
HSC HOSPITALS	0	0	.0)	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.0)	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.0)	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0)	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0)	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0)	.00	.000	.00	.00
ANCILLARIES	0	0	.0)	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0)	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0)	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.0)	.00	.000	.00	.00
MEDICAL	0	0	.0)	.00	.000	.00	.00
SURGERY	0	0	.0)	.00	.000	.00	.00
PATHOLOGY	0	0	.0)	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 2	002 THRU DEC	2002	PAGE 7,327
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	60-DAY POS	T PARTUM PROGRAM	AID CODE	76		
					MONTH	LY AVERAG	E

				MONT	THLY AVERAGE	·
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0 \$.00	\$.00	.000 \$.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0 \$.00	\$.00	.000 \$.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0 \$.00	\$.00	.000 \$.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE O	OR DAYS OF CARE 0	OR DAYS OF CARE PER UNIT/DAY OR O	USERS	OR DAYS OF CARE O

ICF DDH	0	0		.00		.00	.000	.0	0	.0	0
ICF DD	0	0		.00		.00	.000	. 0	0	.0	0
ICF DDN/DDCN	0	0		.00		.00	.000	. 0	0	.0	0
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.0	0
HOSPITAL BASED	0	0		.00		.00	.000	. 0	0	.0	0
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.0	0	.0	0
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 \$.0	0
HOSPITAL BASED	0	0		.00		.00	.000	. 0	0	.0	0
INDEPENDENT FACILITY	0	0		.00		.00	.000	. 0	0	.0	0
@LABORATORY FACILITY	0	0	\$.00	•	.00	.000	•	0 \$.0	
PATHOLOGY	0	0		.00		.00	.000	. 0		.0	
XO AND OTHERS	0	0		.00		.00	.000	. 0		.0	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	49.42	\$.00	.000	•	0 \$.0	
CLINIC	0	0		.00		.00	.000	.0		.0	
SURGICENTER	0	0		.00		.00	.000	.0		.0	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	. 0		.0	
RURAL HEALTH CLINIC	0	0		49.42		.00	.000	. 0		.0	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-OF-	PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	P		328
MOP024	FEE-FOR-SERVICE/DENTA									01/17	/03
MODOC COUNTY	SUMMARY OF SERVICES F	for 60-day e	POST PARTUM	PROGRAM		AID CODE					
00								ONTHLY AVE	RAGE		_

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0 *} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,329 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

MODOC COUNTY	SUMMARY OF SERV	ICES FOR	185%/60	-DAY PF	AID CODES	44 47 48 49			
								ONTHLY AVERA	
420 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ST UNITS/DAY		COST PER
		OR DAYS	OF CARE			PER UNIT/D	AY PER ELIG		ELIGIBLE
@TOTAL, ALL PROVIDERS	98		540	\$	66 , 197.26	\$ 122.59	1.286		\$ 157.61
@PHYSICIANS SERVICES	38		118	\$	10,482.68	\$ 88.84	.281	\$ 275.86	\$ 24.96
OUTPATIENT VISITS	28		54		2,416.58	44.75	.129	86.31	5.75
OFFICE VISITS	12		19		459.05	24.16	.045	38.25	1.09
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1		1		44.60	44.60	.002	44.60	.11
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17		34		1,912.93	56.26	.081	112.53	4.55
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	5		42		4,605.10	109.65	.100	921.02	10.96
HOSPITAL VISITS	4		7		303.70	43.39	.017	75.93	.72
CRITICAL CARE	1		35		4,301.40	122.90	.083	4301.40	10.24
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		Ö		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4		4		2,177.56	544.39	.010	544.39	5.18
PRINCIPAL SURGEON	1		4		2,177.56	544.39	.010	544.39	5.18
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2		2		1,101.12	550.56	.005	550.56	2.62
PRINCIPAL SURGEON	2		2		1,101.12	550.56	.005	550.56	2.62
	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0						
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	12					.00	.000		
PATHOLOGY	12		14		137.70	9.84	.033	11.48	.33
RADIOLOGY	0		1		37.73	37.73	.002	37.73	.09
PSYCHIATRY	•		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		5.89	.00	.000	.00	.01
OTHER SERVICES/ALL X-OVERS	1		1		1.00	1.00	.002	1.00	.00
@ PHARMACY	31		38	\$	1,138.98	\$ 29.97	.090		\$ 2.71
PRESCRIPTION DRUGS	31		38		1,138.98	29.97	.090	36.74	2.71
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	31		38		1,138.98	29.97	.090	36.74	2.71
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,330 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL MODOC COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

MODOC COUNTY	SUMMARY OF SERV	ICES FOR	185%/60	-DAY PP	AID CODES	44 4/	48 49 69				~ =	
400 BLIGIDING	HORDO	INITEO OF	O D D T T O D			7. 7. 7. 17.	D70E 000E	MC			GE:	
420 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	ò			COST PER
0.0000000000000000000000000000000000000		OR DAYS	OF CARE		0.0			PER ELIG		USER	_	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş		\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000			\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	1		2	\$	177.91	\$	88.96	.005	\$	177.91	\$.42
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	27		163	\$	49,793.05	\$	305.48	.388	\$	1844.19	\$	118.55
HOSP INPATIENT TOTAL	4		52		46,917.41		902.26	.124		11729.35		111.71
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4		52		46,917.41		902.26	.124		11729.35		111.71
ACCOMMODATIONS	4		52		39,619.80		761.92	.124		9904.95		94.33
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4		52		39,619.80		761.92	.124		9904.95		94.33
ANCILLARIES	4		0		7,297.61		.00	.000		1824.40		17.38
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	24		111		2,875.64		25.91	.264		119.82		6.85
MEDICAL	5		5		245.67		49.13	.012		49.13		.58
SURGERY	1		1		53.21		53.21	.002		53.21		.13
PATHOLOGY	13		60		496.38		8.27	.143		38.18		1.18
RADIOLOGY	6		8		604.86		75.61	.019		100.81		1.44
ROOM USE	10		15		517.16		34.48	.036		51.72		1.23
CROSSOVERS/ALL OTH OUTPTNT	10		22		958.36		43.56	.052		95.84		2.28
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ō		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		Ō		.00		.00	.000		.00		.00
SURGERY	0		Ō		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 7,331
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES F	OR 185%/60-DAY	PP AID CODES 44 47	48 49 69	76		

							Mo	TNC	HLY AVERA	GE -	
420 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY:	S (COST PER	(COST PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	163	\$	49,793.05	\$	305.48	.388	\$	1844.19	\$	118.55
COMM HOSP INPATIENT TOTAL	4	52		46,917.41		902.26	.124		11729.35		111.71
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	4	52		46,917.41		902.26	.124		11729.35		111.71
ACCOMMODATIONS	4	52		39,619.80		761.92	.124		9904.95		94.33
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	52		39,619.80		761.92	.124		9904.95		94.33
ANCILLARIES	4	0		7,297.61		.00	.000		1824.40		17.38
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	24	111		2,875.64		25.91	.264		119.82		6.85
MEDICAL	5	5		245.67		49.13	.012		49.13		.58
SURGERY	1	1		53.21		53.21	.002		53.21		.13
PATHOLOGY	13	60		496.38		8.27	.143		38.18		1.18
RADIOLOGY	6	8		604.86		75.61	.019		100.81		1.44
ROOM USE	10	15		517.16		34.48	.036		51.72		1.23
CROSSOVERS/ALL OTH OUTPINT	10	22		958.36		43.56	.052		95.84		2.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	18	\$	293.67		16.32	.043	\$	26.70	\$.70
PATHOLOGY	11	18		293.67		16.32	.043		26.70		.70
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	17	22	\$	3,153.62		143.35	.052	\$	185.51	\$	7.51
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	22		3,153.62		143.35	.052		185.51		7.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2002	THRU	DEC	2002	PF	AGE 7,332
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	185%/6	0-DAY PP	AID CODES	44 47	48 49 69 76					

HODGE COONTI	DOTHING OF BEIN	VICED FOR TOO 0, 00 DITT	II MID CODED	11 17 10 13 03	7 0		
					MON	THLY AVERA	GE
420 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	179 \$	1,157.35	\$ 6.47	.426 \$	192.89	\$ 2.76
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	174	732.35	4.21	.414	732.35	1.74
AMBULANCES/AIR TRANS	1	174	732.35	4.21	.414	732.35	1.74
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	425.00	85.00	.012	85.00	1.01
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,333 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----146 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 38,921.07 288.30 \$ 266.58 @TOTAL, ALL PROVIDERS 135 789 \$ 49.33 5.404 \$ 16 22 989.73 44.99 .151 \$ 61.86 \$ @PHYSICIANS SERVICES 6.78 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE .000 .00 .00 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT .00 .00 .000 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 . 00 . 00 .00 . 00 INPATIENT HOSPITAL SURGERY . 00 .000 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 .000 PSYCHIATRY .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 989.73 44.99 .151 61.86 6.78 @PHARMACY 119 518 26,723.31 \$ 51.59 3.548 \$ 224.57 \$ 183.04 PRESCRIPTION DRUGS 119 497 25,671.21 51.65 3.404 215.72 175.83 Ω Ω .00 .00 .000 .00 .00 SNF/ICF 497 25,671.21 215.72 119 51.65 3.404 175.83 OUTPATIENTS 21 MEDICAL SUPPLIES 1,052.10 50.10 .144 150.30 7.21 .00 .000 \$.00 \$ @DENTIST .00 .00 .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .00 ORAL SURGERY .000 .00 . 00 .000 .00 .00 DRUGS .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 .000 RESTORATIVE DENTISTRY .00 .00 .00 .00 PROSTHETICS .00 .000 .00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 7,334
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	S FOR TITLE II DISH	REGARD - AGED	AID CODE	16		

MODOC COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DI	SREGARD - AGED		AID CODE	16			
							MO	NTHLY AVERA	AGE	
146 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	10	13	\$	265.39	\$	20.41	.089	\$ 26.54	\$	1.82
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	4	6		96.84		16.14	.041	24.21		.66
OTHER OPTOMETRIC SERVICES	6	7		168.55		24.08	.048	28.09		1.15
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	·	.00		.00	.000	.00	·	.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	2	2	\$	110.15	\$	55.08	.014	\$ 55.08	\$.75
MEDICINE/INJECTIONS	0	0	·	.00		.00	.000	.00	·	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	2	2		110.15		55.08	.014	55.08		.75
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	Ś	.00		\$.00	Ś	.00
NURSE MIDWIFE	0	0	\$.00	Ś	.00		\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	28	78	Ś	2,375.34	Ś	30.45		\$ 84.83	Ś	16.27
HOSP INPATIENT TOTAL	1	2	Ψ	812.00	Τ	406.00	.014	812.00	т	5.56
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	1	2		812.00		406.00	.014	812.00		5.56
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	28	76		1,563.34		20.57	.521	55.83		10.71
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	28	76		1,563.34		20.57	.521	55.83		10.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ś	.00		\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ψ	.00	Ψ	.00	.000	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
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INPATIENT CROSSOVERS
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CROSSOVERS/ALL OTH OUTPTNT CROSSOVERS/ALL OTH OUTPTNT CROSSOVERS/ALL OTH OUTPTNT CROSSOVERS/ALL OTH OUTPTNT CROSSOVERS CROS
#CALIF DEPT OF HEALTH SERV MODP24 MODP24 MODOC COUNTY MODOC COUNTY **SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED** **ITTLE II DISREGARD - AGED** **AURCAGE COST** **AURCAGE COST** **AURCAGE COST** **DEPT UNITS/DAY** **COST** **AURCAGE COST** **AURCAGE COST** **DEPT UNITS/DAY** **COST** **AURCAGE COST** **AURCAGE COST
#CALIF DEPT OF HEALTH SERV MODP24 MODP24 MODOC COUNTY MODOC COUNTY **SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED** **ITTLE II DISREGARD - AGED** **AURCAGE COST** **AURCAGE COST** **AURCAGE COST** **DEPT UNITS/DAY** **COST** **AURCAGE COST** **AURCAGE COST** **DEPT UNITS/DAY** **COST** **AURCAGE COST** **AURCAGE COST
MODOC COUNTY
146 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PE
AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE COST PER OR DAYS OF CARE COST PER DER UNIT/DAY PER ELIG USER ELIGIBLE
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
COMM HOSP INPATIENT TOTAL 1 2 812.00 406.00 .014 812.00 5.56 HSC HOSPITALS 0 0 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00
COMM HOSP INPATIENT TOTAL 1 2 812.00 406.00 .014 812.00 5.56 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 <
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 1 2 812.00 406.00 .014 812.00 5.56 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 28 76 1,563.34 20.57 .521 55.83 10.71 MEDICAL 0 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP OUTPATIENT TOTAL 28 76 1,563.34 20.57 .521 55.83 10.71 MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00
MEDICAL 0 0 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00
SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00
11111102201
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT 28 76 1,563.34 20.57 .521 55.83 10.71
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00
@NURSING FACILITY 1 7 \$ 1,394.80 \$ 199.26 .048 \$ 1394.80 \$ 9.55
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	53 0 0 0 53	99 0 0 0 99	\$	5,028.12 .00 .00 .00 5,028.12	\$ 50.79 .00 .00 .00 50.79	.678 \$.000 .000 .000	94.87 .00 .00 .00 94.87	\$ 34.44 .00 .00 .00 .00 34.44
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUE C/DENTAL		NTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE		PAGE 7,336 01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR TITLE	I DIS	SREGARD - AGED	AID CODE			
4.46			_				THLY AVERA	-
146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	49	\$	2,004.34	\$ 40.90	.336 \$	117.90	\$ 13.73
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	6		915.39	152.57	.041	457.70	6.27
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	6		123.80	20.63	.041	41.27	.85
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	37		965.15	26.09	.253	80.43	6.61
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	55	147	\$	4,831.80	\$ 32.87	1.007	\$ 87.85	\$ 33.09
A* MOMAIC IN MURCE IINEC ADE CIVEN	AC A CEDADAME	TAIRODMARTON	THEM ON	T V.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,337
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY	SUMMARY OF SERV	ICES FOR TITE	ΕI	I D	ISREGAF	D - BLIND)	AID (CODES 26	6A				
										M	NO!	THLY AVERAG	GE -	
00 ELIGIBLES	USERS	UNITS OF SERV	ICE		EX	PENDITURE	S	AVER	AGE COST	UNITS/DAY	S	COST PER	C	OST PER
		OR DAYS OF C						PER 1	UNIT/DAY	PER ELIG	;	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	0	C)	\$.0	0	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	C)	\$.0	0	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	C)			.0	0		.00	.000		.00		.00
OFFICE VISITS	0	C)			.0	0		.00	.000		.00		.00
HOME VISITS	0	C)			.0	0		.00	.000		.00		.00
EMERGENCY ROOM	0	C)			.0	0		.00	.000		.00		.00
PREVENTIVE CARE	0	C)			.0	0		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	C)			.0	0		.00	.000		.00		.00
OTHER OUTPATIENT	0	C)			.0	0		.00	.000		.00		.00
INPATIENT VISITS	0	C)			.0	0		.00	.000		.00		.00
HOSPITAL VISITS	0	C)			.0	0		.00	.000		.00		.00
CRITICAL CARE	0	C)			.0	0		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	C)			.0	0		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	C)			.0	0		.00	.000		.00		.00
EXAMINATIONS	0	C)			.0	0		.00	.000		.00		.00
SERVICES AND MATERIALS	0	C)			.0	0		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	C)			.0	0		.00	.000		.00		.00
PRINCIPAL SURGEON	0	C)			.0	0		.00	.000		.00		.00
ASSISTANT SURGEON	0	C)			.0	0		.00	.000		.00		.00
ANESTHESIOLOGIST	0	C)			.0			.00	.000		.00		.00
OUTPATIENT SURGERY	0	C)			.0	0		.00	.000		.00		.00
PRINCIPAL SURGEON	0	C)			.0			.00	.000		.00		.00
ASSISTANT SURGEON	0	C)			.0	0		.00	.000		.00		.00
ANESTHESIOLOGIST	0	C)			.0	0		.00	.000		.00		.00
DIALYSIS	0	C)			.0			.00	.000		.00		.00
PATHOLOGY	0	C)			.0	0		.00	.000		.00		.00
RADIOLOGY	0	C)			.0			.00	.000		.00		.00
PSYCHIATRY	0	C)			.0			.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	C)			.0	0		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	C)			.0			.00	.000		.00		.00
@ PHARMACY	0	C)	\$.0	0	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	C)			.0			.00	.000		.00		.00
SNF/ICF	0	C)			.0			.00	.000		.00		.00
OUTPATIENTS	0	C)			.0	0		.00	.000		.00		.00
MEDICAL SUPPLIES	0	C)			.0			.00	.000		.00		.00
@DENTIST	0	C)	\$.0		\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	C)			.0			.00	.000		.00		.00
ORAL SURGERY	0	C)			.0	0		.00	.000		.00		.00

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	n	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0							
PROSTHETICS	Ü	U		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0							
ALL OTHER SERVICES	Ü	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		URES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002		E 7,338 01/17/03
			TT DT/	200000 011110	1-D CODEC 06	6.7			01/1//03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR TITLE	TI DIS	SREGARD - BLIND	AID CODES 26				
						MONT	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		\$.00
	0		Y		,	·		Y	
DIAGNOSTIC AND ANC. PROCED	U	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	n	0		.00	.00	.000	.00	·	.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
	0		Ċ					Ċ	
@PODIATRIST	Ü	0	\$.00	\$.00	.000 \$.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	Ô	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
	0		÷						
NURSE ANESTHESIST	Ü	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	Ś	.00	\$.00	.000 \$.00	Ś	.00
HOSP INPATIENT TOTAL	0	0	т	.00	.00	.000	.00	7	.00
	0	0							
HSC HOSPITALS	U	U		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	Ü	Ü		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0							
INPATIENT CROSSOVERS	Ü	Ü		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
	•								
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	•	0	т	.00	.00	.000	.00	,	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
HOC HOSELIATO	O	U		.00	.00	.000	.00		.00

MON-REC HOSPITALS TOTAL								
AGCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON_UCC HOCDITALS TOTAL	0	0	0.0	0.0	0.00	0.0	0.0
AMMINISTRATIVE DAYS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		•						
TRANSITIONAL TP CARE		•	· ·					
ALL OTHER ACCOM ANCILIARIES 0 0 0 0 0 0 00 00 00 00 00 00 00 00 00		•	· ·					
ANCILLARIES 0 0 0 0.00 .000 .000 .000 .000 .000 .		•	· ·					
THE PRINT CROSSOVERS		O .	•					
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	•					
COLORS OUTPATIENT TOTAL		•	•					
MEDICAL 0		•	•					
SUBJECT		0	•					
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ROOM USE		0	0					
CROSSOVERS/ALL OTH OUTPINT		0	0					
#CALIF DEPT OF HEALTH SERV MODIC CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,339 MODIC COUNTY PEFE-FOR-SERVICE/SER		0	•					
MODIC COUNTY		· ·	•					
MODOC COUNTY				JNIH-OF-FAIMENI KE	FORT FOR DAN 2	.002 IRKO DEC	2002	
COMMUNITY HOSPITAL TOTAL				SDECADO - BITNO	AID CODES 26	6 N		01/1//03
O ELIGIBLES	MODOC COUNTI	SOMMANI OF SERVICE	S FOR TITLE IT DI.	SKEGAND BLIND	AID CODES 20		HIV AMERAC	2F
COMMUNITY HOSPITAL TOTAL	OO ELIGIBLES	HSERS IIN	ITTS OF SERVICE	EXPENDITIBES	AVERAGE COST			
## COMMUNITY HOSPITAL TOTAL 0 0 0 \$.00 \$.00 .00 .00 .00 .00 .00 .	00 HHIGIDHH			EMILINDITORES				
COMM HOSP INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@COMMINITY HOSPITAL TOTAL			0.0	- ,	_		
HSC HOSPITALS 0 0 0 0 00 00 00 00 00 00 00 00 NON-HSC HOSPITALS TOTAL 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	· '					
NON-HSC HOSPITALS TOTAL 0		· · · · · · · · · · · · · · · · · · ·						
ACCOMMODATIONS 0 0 0 0 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 00 00 ALL OTHER ACCOM 0 0 0 0 00 00 00 00 00 00 00 00 00 ANCILLARIES 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		· · · · · · · · · · · · · · · · · · ·	•					
ADMINISTRATIVE DAYS O O O O O O O O O O O O O O O O O O O		0	· ·					
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
ALL OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O		0						
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
INPATIENT CROSSOVERS		0						
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
COMM HOSP OUTPATIENT TOTAL 0 0 .00		0						
MEDICAL 0 0 .00 <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0						
SURGERY 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
RADIOLOGY 0 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
ROOM USE 0 .00<	PATHOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 .00 <td>RADIOLOGY</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	RADIOLOGY	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL 0 0 \$.00 \$.00		0	0	.00	.00	.000	.00	.00
MENTALLY ILL 0 0 .0	CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED 0 0 0 0 00 000 000 00 00 00 00 00 00 0	@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 </td <td>MENTALLY ILL</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	MENTALLY ILL	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY 0 0 \$.00 \$.00 .00 \$.00	DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00 .00	@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00	LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
	LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-TRANSTITIONAL TP CARE 0 0 0 00 00 00 00 00 00	LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
THE PROPERTY OF THE PROPERTY O	LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		Ś	.00
PATHOLOGY	0	0	7	.00	Ψ	.00	.000	.00	τ	.00
	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0		A		A				<u> </u>	
@ORGANIZED OUTPATIENT CLINIC	U	0	\$.00	\$.00	.000	•	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDI	TURES MO	NTH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU I	DEC 2002	PAGE	7,340
MOP024	FEE-FOR-SERVICE/		101.20 110	01 111111111111111111111111111111				220 2002		1/17/03
MODOC COUNTY	SUMMARY OF SERVI		F TT DT0	CDECADD - DITND	7 T F	CODES 26	67			11/1//05
MODOC COUNTI	SUMMARI OF SERVI	CES FOR IIIL	E II DIS	KEGARD - BLIND	AIL	CODES 20		ONTHLY AVERA	CE	
00 51 10151 50			- 0-		3				-	
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES				S COST PER		T PER
		OR DAYS OF C					PER ELIG	USER		GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	•	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	0	0								
ACUPUNCTURE	U			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	U	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0								
SPEECH AND AUDIOLOGY	U	U		.00		.00	.000	.00		.00
HOSPICE SERVICES	U	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	Ś	.00		.00	.000		Ś	.00
@XOVER EXCLUDING STATE HOSP*	•	0	\$.00		.00	.000			.00
@* TOTALS IN THESE LINES ARE		-			Y	• 0 0	.000	• • • • • • • • • • • • • • • • • • • •	Y	.00
THE AMOUNTS ARE ALREADY IN				ABUVE.						
** THESE DATA ARE INCLUDED I						. ===	2000 =	0000		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		I'URES MO)N'I'H-OF-PAYMENT I	KEPORI	FOR JAN 2	2002 THRU I	DEC 2002		7,341
MOP024	FEE-FOR-SERVICE/								C	1/17/03
MODOC COUNTY	SUMMARY OF SERVI	CES FOR TITL	E II DIS	BREG - DISABLED A	AID CC	DES 36 66				
							3.44		~-	

80 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

----- MONTHLY AVERAGE -----

ELIGIBLE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

@TOTAL, ALL PROVIDERS	58	177	\$ 10,663.69	\$ 60.25	2.213	\$ 183.86	\$ 133.30
@PHYSICIANS SERVICES	3	4	\$ 127.59	\$ 31.90	.050	\$ 42.53	\$ 1.59
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4	127.59	31.90	.050	42.53	1.59
@PHARMACY	55	144	\$ 7,165.11	\$ 49.76	1.800	\$ 130.27	\$ 89.56
PRESCRIPTION DRUGS	55	144	7,165.11	49.76	1.800	130.27	89.56

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	55	144	7,165.11	49.76	1.800	130.27	89.56
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,342
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

MODOC COUNTI	SUMMARI OF SER	VICES FOR IIILE	TT DIS	DREG - DISABLED A.	ID COL	00 00 00		~ » т гт		αn.	
00 51 10151 50			_		3		M(GE	
80 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CAR				UNIT/DAY	PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	2	\$	22.15	\$	11.08	.025	\$	11.08	\$.28
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	2		22.15		11.08	.025		11.08		.28
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	22.15	11.08	.025	11.08	.28
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 7,343
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES F	OR TITLE II DISRI	EG - DISABLED AT	D CODES 36 66	6C		

MODOC COUNTY	SUMMARY OF SERV	/ICES FOR	TITLE I	I DISR	EG - DISABLED Al	ID COL	ES 36 66	6C				
								Mo	TNC	HLY AVERA	GE -	
80 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	RAGE COST	UNITS/DAY:	S (COST PER	(COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		2	\$	22.15	\$	11.08	.025	\$	11.08	\$.28
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		2		22.15		11.08	.025		11.08		.28
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2		2		22.15		11.08	.025		11.08		.28
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	16	26	\$	3,302.81	\$	127.03	.325	\$	206.43	\$	41.29
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16	26		3,302.81		127.03	.325		206.43		41.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPOR:	r for Jan 2	002 THRU	DEC	2002	P.	AGE 7,344
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	R TITLE	II D	ISREG - DISABLED A	ID C	DDES 36 66	6C				

MODOC COUNTY ----- MONTHLY AVERAGE -----80 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1 1 46.03 46.03 .013 \$ 46.03 \$.58 .00 .00 .000 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .00 OTHER TRANS .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 OPTICIAN .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 46.03 ALL OTHER PROVIDERS 46.03 .013 46.03 .58 .00 .00 @CALIF. CHILDREN SERVICES* .00 .000 \$ \$.00 44.97 \$ 269.81 \$ @XOVER EXCLUDING STATE HOSP** 29.98 .113 \$ 3.37

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,345

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

			 		MONT	HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,346 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

MODOC COUNTI	SUMMARI OF SERVI	ICES FOR		r Dra	OVEGWYD - LYMITIES		AID CODE	40				
								MC		HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	S I	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	.00
	0	0					
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	•	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ü	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON					PAGE 7,347
MOP024	FEE-FOR-SERVICE/D		01 1111111111 11111	. 01:12	.002 1111.0 22.	2002	01/17/03
MODOC COUNTY		ES FOR TITLE II DISH	REGARD - FAMILIES	AID CODE	46		01/11/00
110200 000111	BOTHER OF BERVIO			1110 0000	MONT	THLY AVERAG	E
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 221012220		OR DAYS OF CARE	2111 2113 1 1 0 1 1 2 2	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	-
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00				
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Λ	0	.00	.00	.000	.00	.00
PATHOLOGY	O						
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0 0 0	0	.00	.00	.000	.00	.00
	0 0 0 0	0 0 0 0	.00	.00	.000	.00	.00

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@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

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LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-	PAYMENT REF	PORT	FOR JAN 2002	THRU	DEC 2	002	PAGE	7,348
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES		AID CODE 46					

MODOC COONTI	SUMMANT OF SERV.	ICES FOR	111111 1.	T DISKI	CHILLIAN CHILD	AID CODE	40		
							MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $^{{\}tt @*}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,349
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD ----- MONTHLY AVERAGE -----226 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 193 49,584.76 \$ 256.92 \$ 219.40 @TOTAL, ALL PROVIDERS 966 51.33 4.274 \$ 19 26 1,117.32 42.97 .115 \$ 58.81 \$ 4.94 @PHYSICIANS SERVICES .00 0 .00 .000 .00 OUTPATIENT VISITS .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .00 .000 .00 .00 . 00 OTHER OUTPATIENT .00 .000 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 .00 .00 EXAMINATIONS .00 .000 .00 .00 .000 SERVICES AND MATERIALS .00 .00 . 00 . 00 .00 . 00 . 00 INPATIENT HOSPITAL SURGERY .000 . 00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .00 OUTPATIENT SURGERY .000 .00 .00 .00 .00 .000 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .000 .00 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 .00 RADIOLOGY .00 .00 .000 .00 0 0 26 662 641 .00 .000 PSYCHIATRY .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION .00 .000 .00 OTHER SERVICES/ALL X-OVERS 19 1,117.32 42.97 .115 58.81 @PHARMACY 174 662 33,888.42 \$ 51.19 2.929 \$ 194.76 \$ 149.95 PRESCRIPTION DRUGS 174 32,836.32 51.23 2.836 188.71 145.29 0 .000 SNF/ICF 0 .00 .00 .00 .00 174 32,836.32 51.23 2.836 188.71 145.29 641 OUTPATIENTS 21 1,052.10 50.10 .093 150.30 MEDICAL SUPPLIES 4.66 .00 .000 \$.00 \$ @ DENTIST .00 \$.00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORAL SURGERY DRUGS .00 . 00 .000 .00 .00 .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .000 .00 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 .000 RESTORATIVE DENTISTRY .00 .00 .00 .00 PROSTHETICS .00 .00 .000 .00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,350
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD				

----- MONTHLY AVERAGE -----226 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER EXPENDITURES OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY @OPTOMETRIST 10 13 265.39 20.41 .058 \$ 26.54 \$ 1.17 \$ 0 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 96.84 EYE APPLIANCES 16.14 .027 24.21 .43 OTHER OPTOMETRIC SERVICES 168.55 24.08 .031 28.09 .75 0 @CHIROPRACTOR .00 Ś .00 .000 Ś .00 .00 .00 .00 .00 .00 VISITS .000 0 .00 .00 .00 OTHER SERVICES .000 .00 110.15 55.08 .009 55.08 .49 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 2 OTHER 110.15 55.08 .009 55.08 .49 0 .00 Ś .00 .000 .00 @HOME HEALTH AGENCY Ś .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE .00 \$.00 .000 .00 Ś .00 .000 PEDIATRIC NURSE PRACTITIONER .00 .00 .00 Ś .00 .00 FAMILY NURSE PRACTITIONER .00 .000 .00 .00 @TOTAL HOSPITAL 30 80 2,397.49 29.97 .354 79.92 10.61 812.00 406.00 812.00 HOSP INPATIENT TOTAL .009 3.59 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 812.00 INPATIENT CROSSOVERS 812.00 406.00 .009 3.59 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 30 78 1,585.49 20.33 .345 52.85 7.02 MEDICAL 0 .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 . 00 .000 . 00 . 00 .00 .00 .00 .000 .00 RADIOLOGY 0 .00 .00 .00 .00 .000 ROOM USE 78 1,585.49 20.33 52.85 CROSSOVERS/ALL OTH OUTPINT .345 7.02 @COUNTY HOSPITAL TOTAL .00 Ś .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	2002	PAGE 7,351
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR TITLE II DIS	REGARD				
					MON'	THLY AVERAC	SE
226 ELIGIBLES	USERS UNI	IS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	30	80 \$	2,397.49	\$ 29.97	.354 \$	79.92	\$ 10.61
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	.009	812.00	3.59
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	<u> </u>	Λ.	.00	.00	.000	.00	.00
	U	U					
INPATIENT CROSSOVERS	1	2	812.00	406.00	.009	812.00	3.59

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ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPINT	30	78		1,585.49		20.33	.345		52.85		7.02
@STATE HOSPITAL	0	0	S	.00	\$.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	7	\$	1,394.80	\$	199.26	.031	ċ	1394.80	Ś	6.17
LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ş	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REMAD MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0									
LEV B-REGULAR	1	0	ć	1,394.80	Ċ	199.26	.031	ċ	1394.80	Ċ	6.17
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	U	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	Ü	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	29.89	\$	29.89	.004	\$	29.89	Ş	.13
HOSPITAL BASED	1	1		29.89		29.89	.004		29.89		.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	69	125	\$	8,330.93	\$	66.65	.553	\$	120.74	\$	36.86
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	69	125		8,330.93		66.65	.553		120.74		36.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES M	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Ρź	AGE 7,352
MOP024	FEE-FOR-SERVICE/I	DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVIO	CES FOR TITLE	II DI	SREGARD							
							M	ONT	HLY AVERA	GE ·	
226 ELIGIBLES	USERS (JNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	Œ		PEF	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	18	50	\$	2,050.37	\$	41.01	.221	\$	113.91	\$	9.07
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	6		915.39		152.57	.027		457.70		4.05
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
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OTHER SERVICES

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS ORTHOTICS

PSYCHOLOGIST

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

ACUPUNCTURE

OPTICIAN

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HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	38	1,011.18	26.61	.168	77.78	4.47
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	61	156 \$	5,101.61	\$ 32.70	.690	\$ 83.63	\$ 22.57
@* TOTALS IN THESE LINES ARE GIVEN A	S A SEPARAT	E INFORMATION ITEM ONLY.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,353 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

MODOC COUNTI	SUMMARI OF SER	VICES FOR IN HOM.	501	PPORT - AGED		AID CODE					
							MO	TNC	HLY AVERA	-	
202 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	Ε		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	179	3,194	\$	127,053.92	\$	39.78	15.812	\$	709.80	\$	628.98
@PHYSICIANS SERVICES	19	169	\$	603.47	\$	3.57	.837	\$	31.76	\$	2.99
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	19	169		603.47		3.57	.837		31.76		2.99
@PHARMACY	139	1,777	\$	35,464.02	\$	19.96	8.797	\$	255.14	\$	175.56
PRESCRIPTION DRUGS	137	655		30,658.72		46.81	3.243		223.79		151.78
SNF/ICF	10	64		2,750.87		42.98	.317		275.09		13.62
OUTPATIENTS	130	591		27,907.85		47.22	2.926		214.68		138.16
MEDICAL SUPPLIES	22	1,122		4,805.30		4.28	5.554		218.42		23.79
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS ENDODONTICS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY PROSTHETICS	0	0		.00		.00	.000	.00		.00
	0	0								
DENTURES, STAYPLATES	0	U		.00		.00	.000	.00		.00
SPACE MAINTAINERS	U	U		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE		ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU DI	EC 2002	P	AGE 7,354 01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT - AGED		AID CODE	18			
							MOI	NTHLY AVERA	GΕ	
202 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	3	6	\$	109.92	\$	18.32	.030	\$ 36.64	\$.54
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	2	5		84.91		16.98	.025	42.46		.42
OTHER OPTOMETRIC SERVICES	1	1		25.01		25.01	.005	25.01		.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	1	1	\$	1.82	\$	1.82	.005	\$ 1.82	\$.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	1	1		1.82		1.82	.005	1.82		.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	31	110	\$	4,097.34	\$	37.25	.545	\$ 132.17	\$	20.28
HOSP INPATIENT TOTAL	3	7		2,349.72		335.67	.035	783.24		11.63
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	3	7		2,349.72		335.67	.035	783.24		11.63
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	31	103		1,747.62		16.97	.510	56.37		8.65
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
DOOM HOD	^	0		0.0		0.0	000	0.0		0.0

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ROOM USE

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
		•	EC MO		- DODE				Б	AGE 7,355
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		LS MO	NTH-OF-PAIMENT RE	PORT	FOR JAN 2	2002 THRU D.	£C 2002	Р	•
MOPOG COLINEY	FEE-FOR-SERVICE/		CIIDD	ODE ACED		AID CODE	1.0			01/17/03
MODOC COUNTY	SUMMARY OF SERVI	LES FOR IN HOME	SUPP	ORT - AGED		AID CODE		ת מבונות א דווחוו.	CE	
202 ELICIDIES	HOEDO	INITE OF CEDITOR		EVDENDIMIDEO	7, 7, 7, 77	DACE COCE	MO			
202 ELIGIBLES	USERS	JNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
ACOMMINITAL HOODINAL HORAL	31	OR DAYS OF CARE	\$	4 007 34			PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL			Ą	4,097.34	\$.545		Ş	20.28
COMM HOSP INPATIENT TOTAL	3	7 0		2,349.72		335.67	.035	783.24		11.63
HSC HOSPITALS	•	•		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	3	7		2,349.72		335.67	.035	783.24		11.63
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	31	103		1,747.62		16.97	.510	56.37		8.65
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		103		1,747.62		16.97	.510	56.37		8.65
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	13	440	\$	80,022.62	\$	181.87		\$ 6155.59	Ş	396.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
TELL D. DECLITAD	1 2	4.4.0		00 000 00		101 07	2 170	C1 E E E O		206 15

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

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@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	8.20	\$	8.20	.005	\$	8.20	\$.04
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		8.20		8.20	.005		8.20		.04
@ORGANIZED OUTPATIENT CLINIC	56	102	\$	4,012.08	\$	39.33	.505	\$	71.64	\$	19.86
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	56	102		4,012.08		39.33	.505		71.64		19.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 7,356
MOP024	FEE-FOR-SERVICE/DE	INTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVICE	S FOR IN HOME	SUPE	PORT - AGED		AID CODE	18				
							M	ONT	HLY AVERA	GΕ	
202 ELIGIBLES	USERS UN	IITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	C	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	48	588	\$	2,734.45	\$	4.65	2.911	\$	56.97	\$	13.54
DURABLE MED. EQUIP.	2	2		101.86		50.93	.010		50.93		.50
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	7		244.59		34.94	.035		122.30		1.21
AMBULANCES/AIR TRANS	1	6		135.95		22.66	.030		135.95		.67
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		108.64		108.64	.005		108.64		.54
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	2	5		87.98		17.60	.025		43.99		.44
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	42.90	42.90	.005	42.90	.21
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	573	2,257.12	3.94	2.837	53.74	11.17
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	80	375	\$ 7,173.85	\$ 19.13	1.856	\$ 89.67	\$ 35.51

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,357
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

MODOC COUNTY	SUMMARY OF SER	VICES FOR IN HOME SU	PPORT - BLIND	AID CODE			
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 20	02 THRU DEC	2002	PAGE 7,358
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	CIIMMADV OF CEDUTCEC FOR	TN HOME CI	IDDODT - BITMD	VID CODE 3	Q		

----- MONTHLY AVERAGE -----

MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$.00 0 .00 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES Ω Ω .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES Ω .00 .00 .00 . 00 .00 \$.00 \$ @CHIROPRACTOR .00 .000 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$ @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 Ω .00 .000 .00 .00 OTHER .00 \$.00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 .00 \$ NURSE ANESTHESIST .00 \$.000 \$.00 \$.000 \$ NURSE MIDWIFE .00 .00 .00 \$.00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .00 \$.00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 .000 \$ @TOTAL HOSPITAL .00 .00 .00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 MEDICAL .00 .00 .000 .00 .00 .000 SURGERY .00 .00 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 20	02 THRU DEC	2002	PAGE 7,359
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT - BLIND	AID CODE 2	8		
				_	MONT	HLY AVERAG	E

						Mo	TINC	HLY AVERA	GE -	
USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY:	S C	COST PER	(COST PER
	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	OR DAYS OF CARE O	OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE O	USERS	USERS	USERS	OR DAYS OF CARE O

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	RES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU 1	DEC	2002	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	- BLIND		AID CODE 2	28				

----- MONTHLY AVERAGE -----

00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .000 0 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 OPTICIAN .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 \$.00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$ \$.00 .00 .00 .000 .00 .00 @XOVER EXCLUDING STATE HOSP** \$ \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,361 01/17/03

MOI 024	TEE FOR SERVIC	E/DENIAL						01/1//
MODOC COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUPP	PORT - DISABLED	AID CODE	68		
						MON	THLY AVERAG	E
102 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	86	1,449	\$	93 , 957.47	\$ 64.84	14.206 \$	1092.53	\$ 921.15
@PHYSICIANS SERVICES	15	31	\$	3,741.16	\$ 120.68	.304 \$	249.41	\$ 36.68
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	3		182.91	60.97	.029	91.46	1.79
HOSPITAL VISITS	2	3		182.91	60.97	.029	91.46	1.79
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	4		3,032.52	758.13	.039	1516.26	29.73
PRINCIPAL SURGEON	2	3		2 , 657.99	886.00	.029	1329.00	26.06
ASSISTANT SURGEON	1	1		374.53	374.53	.010	374.53	3.67
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

RADIOLOGY	1	4		30.98		7.75	.039		30.98		.30
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	11	20		494.75		24.74	.196		44.98		4.85
@PHARMACY	79	686	\$	37,726.16	\$	54.99	6.725	\$	477.55	\$	369.86
PRESCRIPTION DRUGS	79	570		33,920.86		59.51	5.588		429.38		332.56
SNF/ICF	11	43		2,389.08		55.56	.422		217.19		23.42
OUTPATIENTS	70	527		31,531.78		59.83	5.167		450.45		309.14
MEDICAL SUPPLIES	15	116		3,805.30		32.80	1.137		253.69		37.31
@DENTIST	5	8	\$	701.00	\$	87.63	.078	\$	140.20	\$	6.87
VISITS - DIAGNOSTIC	3	6		101.00		16.83	.059		33.67		.99
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		260.00		260.00	.010		260.00		2.55
RESTORATIVE DENTISTRY	1	1		340.00		340.00	.010		340.00		3.33
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH	-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 7,362
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

AID CODE 68

----- MONTHLY AVERAGE -----102 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 34.65 .020 \$ 34.65 \$ 69.30 .68 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 31.80 15.90 .020 31.80 .31 37.50 37.50 OTHER OPTOMETRIC SERVICES .00 .000 .37 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 0 .00 .00 .000 .00 VISITS .00 .00 .00 OTHER SERVICES .000 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .00 .000 \$ \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 \$ FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 93 .912 \$ 544.37 \$ @TOTAL HOSPITAL 12,520.40 \$ 134.63 122.75 111.73 HOSP INPATIENT TOTAL 21 11,396.70 542.70 .206 2279.34 0 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL 10 10,309.67 1030.97 .098 3436.56 101.08 2552.03 10 765.61 75.06 ACCOMMODATIONS 7,656.09 .098 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 10 7,656.09 765.61 .098 2552.03 75.06 ANCILLARIES 2,653.58 .000 884.53 26.02

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

MODOC COUNTY

INPATIENT CROSSOVERS	2	11		1,087.03	98.	.82 .108	}	543.52		10.66
ALL OTHER INPATIENT	0	0		.00		.00 .000		.00		.00
HOSP OUTPATIENT TOTAL	20	72		1,123.70	15.			56.19		11.02
MEDICAL	2	6		141.76	23.			70.88		1.39
	0	0						.00		.00
SURGERY	3	18		.00						
PATHOLOGY				159.98				53.33		1.57
RADIOLOGY	3	3		91.18	30.			30.39		.89
ROOM USE	2	2		68.28	34.			34.14		. 67
CROSSOVERS/ALL OTH OUTPINT	19	43		662.50	15.			34.87		6.50
@COUNTY HOSPITAL TOTAL	0	0	\$.00	•	.000			\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000		.00		.00
HSC HOSPITALS	0	0		.00		.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000)	.00		.00
ACCOMMODATIONS	0	0		.00		.000)	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.000)	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.000)	.00		.00
ALL OTHER ACCOM	0	0		.00		.000)	.00		.00
ANCILLARIES	0	0		.00		.000)	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00		.00		.00
MEDICAL	0	0		.00		.00 .000		.00		.00
SURGERY	0	0		.00		.00 .000		.00		.00
	0	0		.00		.00 .000		.00		
PATHOLOGY	0	0								.00
RADIOLOGY	U	U		.00		.00		.00		.00
ROOM USE	U	0		.00		.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	ES MOI	NTH-OF-PAYMENT RE	PORT FOR	JAN 2002 THRU	J DE	C 2002	PA	GE 7,363
MOP024	FEE-FOR-SERVICE/	ΊΡΕΝΤΔΙ.								01/17/03
	,									
MODOC COUNTY	,	CES FOR IN HOME	SUPPO	ORT - DISABLED	AID	CODE 68				
	SUMMARY OF SERVI		SUPPO					THLY AVERA	GE -	
	,		SUPPO	DRT - DISABLED EXPENDITURES	AVERAGE	COST UNITS/DA	YS	COST PER	C	OST PER
MODOC COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUPPO		AVERAGE		YS		C	
MODOC COUNTY	SUMMARY OF SERVI	CES FOR IN HOME UNITS OF SERVICE	SUPPO \$		AVERAGE PER UNIT	COST UNITS/DAT/DAY PER ELI	YS G	COST PER	C(E)	OST PER LIGIBLE
MODOC COUNTY 102 ELIGIBLES	SUMMARY OF SERVI	CCES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE PER UNIT	COST UNITS/DAT/DAY PER ELI	YS :G : \$	COST PER USER	C(E)	OST PER LIGIBLE
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVI USERS 23	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93		EXPENDITURES 12,520.40	AVERAGE PER UNIT \$ 134. 542.	COST UNITS/DA T/DAY PER ELI .63 .912	YS :G : \$	COST PER USER 544.37	C(E)	OST PER LIGIBLE 122.75 111.73
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVI USERS 23 5	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21		EXPENDITURES 12,520.40 11,396.70 .00	AVERAGE PER UNIT \$ 134. 542.	COST UNITS/DA T/DAY PER ELI .63 .912 .70 .206	YS G \$ \$	COST PER USER 544.37 2279.34 .00	C(E)	OST PER LIGIBLE 122.75
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVI USERS 23 5 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0		12,520.40 11,396.70 .00 10,309.67	AVERAGE PER UNIT \$ 134. 542.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000	YS G ; \$;	COST PER USER 544.37 2279.34 .00 3436.56	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVI USERS 23 5 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10		12,520.40 11,396.70 .00 10,309.67 7,656.09	AVERAGE PER UNIT \$ 134. 542. 1030. 765.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098	YS G 2 \$ 5)	COST PER USER 544.37 2279.34 .00 3436.56 2552.03	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI USERS 23 5 0 3 3 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00	AVERAGE PER UNIT \$ 134. 542. 1030. 765.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098	YS G \$; \$;)	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0	UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 0		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 .00	AVERAGE PER UNIT \$ 134. 542. 1030. 765.	COST UNITS/DA T/DAY PER ELI .63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000	YS	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 3	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 0 10		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 .00 7,656.09	AVERAGE PER UNIT \$ 134. 542. 1030. 765.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .00 .000 .61 .098	AYS GG 2 \$ 5 0 0 8 8 0	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 10 0 10 0 0		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 .00 7,656.09 2,653.58	AVERAGE PER UNIT \$ 134. 542. 1030. 765.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .00 .000 .61 .098	AYS CG ? \$ 5 0 0 0 0	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 3 3 2	UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 10 0 11		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 .00 7,656.09 2,653.58 1,087.03	AVERAGE PER UNIT \$ 134. 542. 1030. 765.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .00 .000 .61 .098 .00 .000 .82 .108	YS (G \$) (S)	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVI	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 10 0 11 0 11		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 .00 7,656.09 2,653.58 1,087.03 .00	AVERAGE PER UNIT \$ 134. 542. 1030. 765.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .61 .098 .00 .000 .82 .108	YS GG \$ 5 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 20	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 10 0 11 0 72		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 765.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .61 .098 .00 .000 .82 .108 .00 .000 .61 .706	YS GG \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 20 20	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 10 0 11 0 72 6		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 98.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .000	YS G \$ C	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 20 20 2 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 10 0 11 0 72 6 0		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 98.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .00 .000 .000	YS	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00	C(E)	OST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 20 20 2 0 3	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 10 0 11 0 72 6 0 18		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 765.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .00 .000 .00 .00 .000 .00 .00 .000 .00 .	YS	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33	C(E)	OST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 20 20 20 3 3 3	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 0 11 0 72 6 0 18 3		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98 91.18	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 765. 23.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .01 .098 .00 .000 .000 .0	YS GG \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33 30.39	C(E)	OST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 20 20 20 2 0 3 3 3 2	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 0 11 0 72 6 0 18 3 2		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98 91.18 68.28	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 765. 23.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .01 .098 .00 .000 .0000 .000 .000 .000 .000 .000 .000 .000 .000 .000	YS	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33 30.39 34.14	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00 1.57 .89
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 20 20 20 2 0 3 3 3 2 19	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 0 11 0 72 6 0 18 3 2 43	\$	EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98 91.18 68.28 662.50	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 765. 23. 8. 30. 34. 15.	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .00 .000 .00 .000 .00 .000 .00 .000 .61 .098 .00 .000 .82 .108 .00 .000 .82 .108 .00 .000 .82 .108 .93 .029 .14 .020 .41 .422	YS	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33 30.39 34.14 34.87	C(E:S)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00 1.57 .89 .67
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 20 20 20 20 3 3 3 2 19 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 0 11 0 72 6 0 118 3 2 43 0		EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98 91.18 68.28 662.50 .00	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 765. 98. 15. 23. 8. 30. 34. 15. \$	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .00 .000 .00 .000 .00 .000 .00 .000 .01 .000 .02 .000 .03 .000 .04 .000 .05 .000 .000	AYS GG S S S S S S S S S S S S S S S S S	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33 30.39 34.14 34.87 .00	C(E)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00 1.57 .89 .67 6.50
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 20 20 20 20 3 3 3 2 19 0 0 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 0 11 0 72 6 0 118 3 2 43 0 0	\$	EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98 91.18 68.28 662.50 .00 .00	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 765. 98. 15. 23. 8. 30. 34. 15. \$	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .61 .098 .00 .000 .82 .108 .00 .000 .61 .706 .63 .059 .00 .000 .89 .176 .39 .029 .14 .020 .41 .422 .00 .000 .000	AYS GG S S S S S S S S S S S S S S S S S	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33 30.39 34.14 34.87 .00 .00	C(E:S)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00 1.57 .89 .67 6.50 .00 .00
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 3 3 2 0 20 20 20 21 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 0 11 0 72 6 0 18 3 2 43 0 0 0 0	\$ \$	EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98 91.18 68.28 662.50 .00 .00	AVERAGE PER UNIT \$ 134. 542. 1030. 765. 765. 98. 15. 23. 8. 30. 34. 15. \$	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .61 .098 .00 .000 .82 .108 .00 .000 .61 .706 .63 .059 .00 .000 .89 .176 .39 .029 .14 .020 .41 .422 .00 .000 .00 .000 .00 .000 .00 .000	AYS GG S S S S S S S S S S S S S S S S S	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33 30.39 34.14 34.87 .00 .00 .00	CO E: \$	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00 1.57 .89 .67 6.50 .00 .00 .00 .00
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 23 5 0 3 3 0 0 3 3 2 0 20 20 20 21 0 3 3 3 2 19 0 0 0 9	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 0 11 0 72 6 0 18 3 2 43 0 0 0 259	\$	EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98 91.18 68.28 662.50 .00 .00 .00 29,839.39	AVERAGE PER UNIT \$ 134. \$ 542. 1030. 765. 765. 98. 15. 23. 8. 30. 34. 15. \$	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .61 .098 .00 .000 .82 .108 .00 .000 .82 .108 .00 .000 .82 .108 .00 .000 .82 .108 .01 .706 .63 .059 .64 .020 .89 .176 .39 .029 .14 .020 .41 .422 .00 .000 .000 .000 .000 .000 .000 .00	YS GG	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33 30.39 34.14 34.87 .00 .00 .00 3315.49	C(E:S)	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00 1.57 .89 .67 6.50 .00 .00 .00 292.54
MODOC COUNTY 102 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI USERS 23 5 0 3 3 0 0 0 3 3 2 0 20 20 20 21 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 93 21 0 10 10 0 10 0 11 0 72 6 0 18 3 2 43 0 0 0 0	\$ \$	EXPENDITURES 12,520.40 11,396.70 .00 10,309.67 7,656.09 .00 7,656.09 2,653.58 1,087.03 .00 1,123.70 141.76 .00 159.98 91.18 68.28 662.50 .00 .00	AVERAGE PER UNIT \$ 134. \$ 542. 1030. 765. 765. 98. 15. 23. 8. 30. 34. 15. \$	COST UNITS/DA T/DAY PER ELI 63 .912 .70 .206 .00 .000 .97 .098 .61 .098 .00 .000 .61 .098 .00 .000 .82 .108 .00 .000 .61 .706 .63 .059 .00 .000 .89 .176 .39 .029 .14 .020 .41 .422 .00 .000 .00 .000 .00 .000 .00 .000	YS GG	COST PER USER 544.37 2279.34 .00 3436.56 2552.03 .00 .00 2552.03 884.53 543.52 .00 56.19 70.88 .00 53.33 30.39 34.14 34.87 .00 .00 .00	CO E: \$	DST PER LIGIBLE 122.75 111.73 .00 101.08 75.06 .00 .00 75.06 26.02 10.66 .00 11.02 1.39 .00 1.57 .89 .67 6.50 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	259		29,839.39		115.21	2.539		3315.49		292.54
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	5.32	\$	5.32	.010	\$	5.32	\$.05
PATHOLOGY	1	1		5.32		5.32	.010		5.32		.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	40	82	\$	3,353.06	\$	40.89	.804	\$	83.83	\$	32.87
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	40	82		3,353.06		40.89	.804		83.83		32.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH-	OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,364
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	IN HOM	E SUPPORT	- DISABLED		AID COD					
							M	IONT	HLY AVERA	.GE	

					MON	ITHLY AVERA	GE
102 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21	287 \$	6,001.68	\$ 20.91	2.814	285.79	\$ 58.84
DURABLE MED. EQUIP.	2	4	2,650.58	662.65	.039	1325.29	25.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	96	2,448.58	25.51	.941	816.19	24.01
AMBULANCES/AIR TRANS	2	95	1,173.58	12.35	.931	586.79	11.51
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.010	1275.00	12.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.020	26.08	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	16	185	876.44	4.74	1.814	54.78	8.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	81	\$ 2,671.86	\$ 32.99	.794	\$ 68.51	\$ 26.19

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01/17/03

 \emptyset^{\star} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

110200 000111	001111111111111111111111111111111111111	. 1020 1010 110 11012 00	, 1 1 0111		MON	THLY AVERA	GE
304 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	265	4,643 \$	221,011.39	\$ 47.60	15.273 \$	834.01	\$ 727.01
@PHYSICIANS SERVICES	34	200 \$	4,344.63	\$ 21.72	.658 \$	127.78	\$ 14.29
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	182.91	60.97	.010	91.46	.60
HOSPITAL VISITS	2	3	182.91	60.97	.010	91.46	.60
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	4	3,032.52	758.13	.013	1516.26	9.98
PRINCIPAL SURGEON	2	3	2,657.99	886.00	.010	1329.00	8.74
ASSISTANT SURGEON	1	1	374.53	374.53	.003	374.53	1.23
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	4	30.98	7.75	.013	30.98	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	30	189	1,098.22	5.81	.622	36.61	3.61
@PHARMACY	218	2,463 \$		\$ 29.72	8.102 \$		\$ 240.76
PRESCRIPTION DRUGS	216	1,225	64,579.58	52.72	4.030	298.98	212.43
SNF/ICF	21	107	5,139.95	48.04	.352	244.76	16.91
OUTPATIENTS	200	1,118	59,439.63	53.17	3.678	297.20	195.53
MEDICAL SUPPLIES	37	1,238	8,610.60	6.96	4.072	232.72	28.32
@DENTIST	5	8 \$	701.00	\$ 87.63	.026 \$	140.20	\$ 2.31
VISITS - DIAGNOSTIC	3	6	101.00	16.83	.020	33.67	.33
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.003	260.00	.86
RESTORATIVE DENTISTRY	1	1	340.00	340.00	.003	340.00	1.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,366
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR IN HOME SU	JPPORT				
					1.4	A CHILLY A TILLIAN	CE

						M	CNO	CHLY AVERA	GΕ	
304 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	8	\$ 179.22	\$	22.40	.026	\$	35.84	\$.59
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	3	7	116.71		16.67	.023		38.90		.38
OTHER OPTOMETRIC SERVICES	2	1	62.51		62.51	.003		31.26		.21
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 1.82	\$	1.82	.003	\$	1.82	\$.01
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	1	1.82		1.82	.003		1.82		.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	54	203	\$ 16,617.74	\$	81.86	.668	\$	307.74	\$	54.66
HOSP INPATIENT TOTAL	8	28	13,746.42		490.94	.092		1718.30		45.22
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	3	10		10,309.67	1030.97	.033	3436.56		33.91
ACCOMMODATIONS	3	10		7,656.09	765.61	.033	2552.03		25.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	10		7,656.09	765.61	.033	2552.03		25.18
ANCILLARIES	3	0		2,653.58	.00	.000	884.53		8.73
INPATIENT CROSSOVERS	5	18		3,436.75	190.93	.059	687.35		11.31
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	51	175		2,871.32	16.41	.576	56.30		9.45
MEDICAL	2	6		141.76	23.63	.020	70.88		.47
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	18		159.98	8.89	.059	53.33		.53
RADIOLOGY	3	3		91.18	30.39	.010	30.39		.30
ROOM USE	2	2		68.28	34.14	.007	34.14		.22
CROSSOVERS/ALL OTH OUTPINT	50	146		2,410.12	16.51	.480	48.20		7.93
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	Õ		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MO				DEC 2002	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL		0 110		.1 01(1 1 01(011)	. 2002 1111(0	220 2002		01/17/03
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304 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 16,617.74 \$ 81.86 .668 \$ 307.74 \$ 54.66 13,746.42 490.94 .092 1718.30 45.22

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 @COMMUNITY HOSPITAL TOTAL 54 203 \$ 28 COMM HOSP INPATIENT TOTAL HSC HOSPITALS 0 10 10 NON-HSC HOSPITALS TOTAL 3 33.91 ACCOMMODATIONS 25.18 0 ADMINISTRATIVE DAYS .00 0 TRANSITIONAL IP CARE .00 3 10 ALL OTHER ACCOM 25.18 0 ANCILLARIES 8.73 INPATIENT CROSSOVERS 18 11.31 0 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 51 175 9.45 6 .47 MEDICAL 0 0 .00 SURGERY PATHOLOGY 18 .53 3 RADIOLOGY .30

----- MONTHLY AVERAGE -----

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MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT		146		2,410.12		16.51	.480		48.20		7.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	22	699	\$	109,862.01	\$	157.17	2.299	\$	4993.73	\$	361.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	22	699		109,862.01		157.17	2.299		4993.73		361.39
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	13.52	\$	6.76	.007	\$	6.76	\$.04
PATHOLOGY	1	1		5.32		5.32	.003		5.32		.02
XO AND OTHERS	1	1		8.20		8.20	.003		8.20		.03
@ORGANIZED OUTPATIENT CLINIC	96	184	\$	7,365.14	\$	40.03	.605	\$	76.72	\$	24.23
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	96	184		7,365.14		40.03	.605		76.72		24.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	EPOR'	r for Jan 2	2002 THRU	DEC	2002	P	AGE 7,368
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUI	PPORT							
							M	ONT	HLY AVERA	GE ·	
304 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	69	875	\$	8,736.13	\$	9.98	2.878	\$	126.61	\$	28.74
DURABLE MED. EQUIP.	4	6		2,752.44		458.74	.020		688.11		9.05
BLOOD BANK	0	0		.00		.00	.000		.00		.00

304 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
001 221012220	002110	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	69	875 \$	8,736.13	\$ 9.98	2.878		\$ 28.74
DURABLE MED. EQUIP.	4	6	2,752.44	458.74	.020	688.11	9.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	103	2,693.17	26.15	.339	538.63	8.86
AMBULANCES/AIR TRANS	3	101	1,309.53	12.97	.332	436.51	4.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	1,383.64	691.82	.007	691.82	4.55
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	114.06	16.29	.023	38.02	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	42.90	42.90	.003	42.90	.14

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	58	758	3,133.56	4.13	2.493	54.03	10.31
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	119	456	\$ 9,845.71	\$ 21.59	1.500	\$ 82.74	\$ 32.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,369
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

MODOC COUNTY	SUMMARI OF SER	VICES FOR PUBLIC F	422T	ISTANCE - AGED			MO	וחואר	UTV NUEDN	CE	
1,008 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	75.7.1	ERAGE COST			nli Avera COST PER		COST PER
1,000 ELIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY) (USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	832	8,465	\$	470,383.60	\$	55.57	8.398	Ċ	565.36		466.65
@PHYSICIANS SERVICES	107	428	¢	4,594.59	\$	10.74	.425		42.94		4.56
OUTPATIENT VISITS	0	420	۲	.00	Ą	.00	.000	۲	.00	۲	.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0									
CRITICAL CARE	U	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	U	•		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	U	U		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	Ü	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	107	428		4,594.59		10.74	.425		42.94		4.56
@PHARMACY	713	4,625	\$	172,945.44	\$	37.39	4.588	\$	242.56	\$	171.57
PRESCRIPTION DRUGS	710	3,099		165,848.00		53.52	3.074		233.59		164.53
SNF/ICF	36	189		9,863.08		52.19	.188		273.97		9.78
OUTPATIENTS	683	2,910		155 , 984.92		53.60	2.887		228.38		154.75
MEDICAL SUPPLIES	48	1,526		7,097.44		4.65	1.514		147.86		7.04
@DENTIST	3	7	\$	995.00	\$	142.14	.007	\$	331.67	\$.99
VISITS - DIAGNOSTIC	2	3		45.00		15.00	.003		22.50		.04
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

	DRUGS	0		0		.00		.00	.000		.00		.00
	ANESTHESIA	0		0		.00		.00	.000		.00		.00
	PERIODONTICS	0		0		.00		.00	.000		.00		.00
	ENDODONTICS	0		0		.00		.00	.000		.00		.00
	RESTORATIVE DENTISTRY	1		1		.00		.00	.001		.00		.00
	PROSTHETICS	0		0		.00		.00	.000		.00		.00
	DENTURES, STAYPLATES	2		3		950.00	31	6.67	.003		475.00		.94
	SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
	MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
	FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
	ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
	ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#(CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXE	PENDITURES	S MONTH-OF	-PAYMENT RI	EPORT FO	R JAN	2002 THRU	DEC	2002	PAGE	7,370
1	IOP024	FEE-FOR-SERVICE	C/DENTAL									01	/17/03
1	MODOC COUNTY	SUMMARY OF SERV	VICES FOR	PUBLIC AS	SSISTANCE ·	- AGED							
										MONT	HLY AVERAG	E	
	1,008 ELIGIBLES	USERS	UNITS OF	SERVICE	EXP	ENDITURES	AVERAG	E COST	UNITS/DA	YS (COST PER	COST	PER

							M	ONT	HLY AVERA	GE.	
1,008 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	39	86	\$	1,417.15	\$	16.48	.085	\$	36.34	\$	1.41
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.002		47.45		.09
EYE APPLIANCES	18	45		732.27		16.27	.045		40.68		.73
OTHER OPTOMETRIC SERVICES	21	39		589.98		15.13	.039		28.09		.59
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	111.97	\$	37.32	.003	\$	37.32	\$.11
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	3		111.97		37.32	.003		37.32		.11
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	154	703	\$	23,506.65	\$	33.44	.697	\$	152.64	\$	23.32
HOSP INPATIENT TOTAL	15	60		11,243.41		187.39	.060		749.56		11.15
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	15	60		11,243.41		187.39	.060		749.56		11.15
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	145	643		12,263.24		19.07	.638		84.57		12.17
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	145	643		12,263.24		19.07	.638		84.57		12.17
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE 7,371
MOP024	FEE-FOR-SERVICE/DENT	TAL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSIST	ANCE - AGED				
					MON'	THLY AVERAG	GE
1,008 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	154	703 \$	23,506.65	\$ 33.44	.697 \$		
COMM HOSP INPATIENT TOTAL	15	60	11,243.41	187.39	.060	749.56	11.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00

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187.39

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11,243.41

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11.15

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0

15

ANCILLARIES

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

COMM HOSP OUTPATIENT TOTAL	145	643		12,263.24		19.07	.638		84.57		12.17
MEDICAL	110	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	145	643		12,263.24		19.07	.638		84.57		12.17
@STATE HOSPITAL	110	0	\$.00	Ś	.00		Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	4	.00	.000	7	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	43	1,151	\$	222,123.87	Ś	192.98	1.142	Ś	5165.67	Ś	220.36
LEV A-INTERMEDIATE	0	-,	'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	43	1,151		222,123.87		192.98	1.142		5165.67		220.36
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	11	\$	5,813.17	\$	528.47	.011	\$	645.91	\$	5.77
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	11		5,813.17		528.47	.011		645.91		5.77
@REHABILITATION FACILITY	1	1	\$	29.89	\$	29.89	.001	\$	29.89	\$.03
HOSPITAL BASED	1	1		29.89		29.89	.001		29.89		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	10.69	\$	5.35	.002	\$	5.35	\$.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	2		10.69		5.35	.002		5.35		.01
@ORGANIZED OUTPATIENT CLINIC	300	574	\$	27,226.25	\$	47.43	.569	\$	90.75	\$	27.01
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	300	574		27,226.25		47.43	.569		90.75		27.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT RI	EPORT	r for Jan	2002 THRU	DEC	2002	PI	AGE 7,372
MOP024	FEE-FOR-SERVICE	DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	C ASSI	STANCE - AGED							
							M			-	
1 008 ELIGIBLES	HSERS	IINITS OF SERVIC	T.	EXPENDITURES	Δ1/F	ERAGE COS	T IINTTS/DAY	S	COST PER	(OST PER

1,008 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	159	874 \$	11,608.93	\$ 13.28	.867 \$	73.01	\$ 11.52
DURABLE MED. EQUIP.	3	3	143.39	47.80	.003	47.80	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	9	2,073.21	230.36	.009	518.30	2.06
MEDICAL TRANSPORTATION	2	7	244.59	34.94	.007	122.30	.24
AMBULANCES/AIR TRANS	1	6	135.95	22.66	.006	135.95	.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	108.64	108.64	.001	108.64	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	49	618.50	12.62	.049	30.93	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	88.30	44.15	.002	44.15	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	130	804	8,440.94	10.50	.798	64.93	8.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	349	1,464	\$ 51,605.35	\$ 35.25	1.452	\$ 147.87	\$ 51.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,373 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MODOC COUNTY	SUMMARY OF SER	VICES FOR PUBLIC AS	SISTAN	CE - BLIND			1401		3 C E	
01 FLICTBIES	HORDO	INITES OF SERVICE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	D70E 000E	MON		AGE	
21 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
	2.0	OR DAYS OF CARE		0 615 00		UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	30	273 \$		9,615.09	\$	35.22	13.000 \$			457.86
@PHYSICIANS SERVICES	4	15 \$		94.20	\$	6.28	.714 \$		\$	4.49
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	15		94.20		6.28	.714	23.55		4.49
@PHARMACY	28	199 \$		7,835.22	\$	39.37	9.476 \$			373.11
PRESCRIPTION DRUGS	26	134		7,096.49	т.	52.96	6.381	272.94	т.	337.93
	20			.,		J J	0.001			20

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	26	134	7,096.49	52.96	6.381	272.94	337.93
MEDICAL SUPPLIES	2	65	738.73	11.37	3.095	369.37	35.18
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,374
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MODOC COUNTY	SUMMARI OF SER	VICES FOR FUBLI	C ASSIS	STANCE - BLIND			M	\bigcirc NTU	ת מיינות על דווי	CE.	
21 ELICIDIES	HOEDO	INTEC OF CEDUT	CE	EVDENDIBLIDEC	777777	'E COCE			THLY AVERA COST PER	UE	
21 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY	-			COST PER
	0	OR DAYS OF CA		0.0		IIT/DAY			USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	U	U		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	8	\$	395.12	\$ 4	9.39	.381	\$	56.45	\$	18.82
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	8		395.12	4	9.39	.381		56.45		18.82
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	7	8		395.12		49.39	.381	56.45		18.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-	OF-PAYMENT R	EPORT F	OR JAN	2002 THRU	DEC 2002	PAGE	7,375
MOP024	FEE-FOR-SERVICE/DENTAL								C	1/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTANC	E - BLIND						

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 18.82 @COMMUNITY HOSPITAL TOTAL 8 395.12 49.39 .381 \$ 56.45 \$.00 COMM HOSP INPATIENT TOTAL Ω 0 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 395.12 49.39 .381 56.45 18.82 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE Ω .00 .00 .000 .00 .00 395.12 49.39 .381 56.45 18.82 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 \$ @STATE HOSPITAL \$.00 .000 \$.00 0 MENTALLY ILL .00 .00 .000 .00 .00 .000 DEVELOP. DISABLED .00 .00 .00 .00 @NURSING FACILITY .00 .00 .00 \$.00 .000 \$.00 .00 .00 LEV A-INTERMEDIATE .000 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	22.59	\$	22.59	.048	\$	22.59	\$	1.08
PATHOLOGY	1	1		22.59		22.59	.048		22.59		1.08
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	16	\$	434.22	\$	27.14	.762	\$	54.28	\$	20.68
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	16		434.22		27.14	.762		54.28		20.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,376
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	ASSI	STANCE - BLIND							
							M	ONT	HLY AVERA	GE	
21 ELIGIBLES	USERS U	JNITS OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF CARE	2		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	10	34	\$	833.74	\$	24.52	1.619	\$	83.37	\$	39.70
DURABLE MED. EQUIP.	1	1		168.28		168.28	.048		168.28		8.01
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

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AMBULANCES/AIR TRANS

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	33	665.46	20.17	1.571	66.55	31.69
@CALIF. CHILDREN SERVICES*	2	65	\$ 738.73	\$ 11.37	3.095	\$ 369.37	\$ 35.18
@XOVER EXCLUDING STATE HOSP**	15	57	\$ 1,191.80	\$ 20.91	2.714	\$ 79.45	\$ 56.75

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,377 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

110200 000111	DOIMING OF BEI	VIOLO ION IODLIO I	10010	IIIIVOD DIGINDEDD				
							NTHLY AVERA	
3,777 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3 , 205	53 , 165	\$	2,893,026.48	\$ 54.42	14.076	\$ 902.66	\$ 765.96
@PHYSICIANS SERVICES	687	2,296	\$	126,811.00	\$ 55.23	.608	\$ 184.59	\$ 33.57
OUTPATIENT VISITS	345	478		17,397.13	36.40	.127	50.43	4.61
OFFICE VISITS	294	402		13,256.79	32.98	.106	45.09	3.51
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	42	46		2,807.17	61.03	.012	66.84	.74
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	8		549.67	68.71	.002	91.61	.15
OTHER OUTPATIENT	21	22		783.50	35.61	.006	37.31	.21
INPATIENT VISITS	56	241		11,973.31	49.68	.064	213.81	3.17
HOSPITAL VISITS	42	194		8,990.41	46.34	.051	214.06	2.38
CRITICAL CARE	7	20		2,369.30	118.47	.005	338.47	.63
SNF/ICF/TRANS IP CARE	14	27		613.60	22.73	.007	43.83	.16
OPHTHALMOLOGICAL SERVICES	9	9		417.50	46.39	.002	46.39	.11
EXAMINATIONS	9	9		417.50	46.39	.002	46.39	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	39	307		41,535.25	135.29	.081	1065.01	11.00
PRINCIPAL SURGEON	33	56		34,140.48	609.65	.015	1034.56	9.04
ASSISTANT SURGEON	7	7		2,174.22	310.60	.002	310.60	.58
ANESTHESIOLOGIST	13	244		5,220.55	21.40	.065	401.58	1.38
OUTPATIENT SURGERY	62	108		13,802.75	127.80	.029	222.63	3.65
PRINCIPAL SURGEON	57	70		12,422.11	177.46	.019	217.93	3.29
ASSISTANT SURGEON	2	2		254.72	127.36	.001	127.36	.07
ANESTHESIOLOGIST	7	36		1,125.92	31.28	.010	160.85	.30
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	64	84		1,406.15	16.74	.022	21.97	.37

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	131	266		11,603.09		43.62	.070		88.57		3.07
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	24	41		487.86		11.90	.011		20.33		.13
OTHER SERVICES/ALL X-OVERS	256	762		28,187.96		36.99	.202		110.11		7.46
@PHARMACY	2,707	17,893	\$	1,018,140.00	\$	56.90	4.737	\$	376.11	\$	269.56
PRESCRIPTION DRUGS	2 , 675	13,244		990,881.12		74.82	3.506		370.42		262.35
SNF/ICF	92	608		43,101.88		70.89	.161		468.50		11.41
OUTPATIENTS	2,592	12,636		947,779.24		75.01	3.346		365.66		250.93
MEDICAL SUPPLIES	196	4,649		27,258.88		5.86	1.231		139.08		7.22
@DENTIST	47	196	\$	15,289.00	\$	78.01	.052	\$	325.30	\$	4.05
VISITS - DIAGNOSTIC	20	65		960.00		14.77	.017		48.00		.25
ORAL SURGERY	7	25		1,051.00		42.04	.007		150.14		.28
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.001		100.00		.05
PERIODONTICS	2	3		400.00		133.33	.001		200.00		.11
ENDODONTICS	5	5		1,151.00		230.20	.001		230.20		.30
RESTORATIVE DENTISTRY	17	56		7,485.00		133.66	.015		440.29		1.98
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	12	34		3,992.00		117.41	.009		332.67		1.06
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	6		50.00		8.33	.002		25.00		.01
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURE	ΞS	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 7,378

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

MODOC COUNTY

----- MONTHLY AVERAGE -----3,777 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE .125 \$ 2.60 @OPTOMETRIST 192 472 9,811.21 20.79 51.10 \$ 85 112 32.02 .030 42.19 DIAGNOSTIC AND ANC. PROCED 3,586.52 .95 101 263 EYE APPLIANCES 4,244.09 16.14 .070 42.02 1.12 97 20.42 OTHER OPTOMETRIC SERVICES 1,980.60 .026 26.41 .52 @CHIROPRACTOR 8 127.57 \$ 15.95 .002 \$ 25.51 \$.03 .002 8 127.57 15.95 25.51 .03 VISITS OTHER SERVICES .00 .00 .00 .00 .000 @PODIATRIST 0 .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 58 4,341.88 74.86 .015 \$ 4341.88 1.15 NURSE ANESTHESIST 1.3 26.37 2.03 .003 \$ 26.37 . 01 0 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 922 4,776 @TOTAL HOSPITAL 837,890.38 175.44 1.264 908.77 \$ 221.84 HOSP INPATIENT TOTAL 314 711,432.82 2265.71 .083 10462.25 188.36 1113.00 5936.00 HSC HOSPITALS 16 17,808.00 .004 4.71 45 241 680,363.07 2823.08 15119.18 180.13 NON-HSC HOSPITAL TOTAL .064 629.97 43 241 3530.77 40.20 ACCOMMODATIONS 151,823.06 .064 450.99 225.50 450.99 .001 .12 ADMINISTRATIVE DAYS 0 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 3520.28 43 239 151,372.07 633.36 .063 40.08 ANCILLARIES 528,540.01 .000 11745.33 139.94

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

INPATIENT CROSSOVERS	20	57		13,261.75	232.66	.015	663.09		3.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	888	4,462		126,457.56	28.34	1.181	142.41		33.48
MEDICAL	264	536		17,534.91	32.71	.142	66.42		4.64
SURGERY	57	68		6,787.40	99.81	.018	119.08		1.80
PATHOLOGY	350	1,414		14,611.74	10.33	.374	41.75		3.87
RADIOLOGY	247	348		32,704.42	93.98	.092	132.41		8.66
ROOM USE	246	392		17,596.18	44.89	.104	71.53		4.66
CROSSOVERS/ALL OTH OUTPTNT	463	1,704		37,222.91	21.84	.451	80.40		9.86
@COUNTY HOSPITAL TOTAL	2	18	\$	204.41	\$ 11.36	.005	\$ 102.21	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	18		204.41	11.36	.005	102.21		.05
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	16		130.78	8.17	.004	65.39		.03
RADIOLOGY	1	1		39.20	39.20	.000	39.20		.01
ROOM USE	1	1		34.43	34.43	.000	34.43		.01
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MON	TH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU	DEC 2002	PAGE	7,379
MOP024	FEE-FOR-SERVICE/DENTAL	ı						C	1/17/03

----- MONTHLY AVERAGE -----3,777 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.260 \$ 910.53 \$ 221.79 @COMMUNITY HOSPITAL TOTAL 4,758 837,685.97 \$ 176.06 2265.71 188.36 COMM HOSP INPATIENT TOTAL 314 711,432.82 .083 10462.25 3 .004 16 17,808.00 1113.00 5936.00 4.71 HSC HOSPITALS 241 680,363.07 2823.08 .064 15119.18 180.13 NON-HSC HOSPITALS TOTAL ACCOMMODATIONS 43 241 151,823.06 629.97 .064 3530.77 40.20 1 ADMINISTRATIVE DAYS 450.99 225.50 .001 450.99 .12 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 4.3 239 151,372.07 633.36 .063 3520.28 40.08 ANCILLARIES 0 528,540.01 .00 .000 11745.33 139.94 INPATIENT CROSSOVERS 57 13,261.75 232.66 .015 663.09 3.51 ALL OTHER INPATIENT 0 Ω .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 4,444 126,253.15 28.41 1.177 142.50 33.43 264 536 17,534.91 32.71 66.42 MEDICAL .142 4.64 57 68 SURGERY 6,787.40 99.81 .018 119.08 1.80 348 1,398 PATHOLOGY 14,480.96 10.36 .370 41.61 3.83 246 347 32,665.22 94.14 .092 132.79 8.65 RADIOLOGY 245 391 .104 ROOM USE 17,561.75 44.91 71.68 4.65 463 1,704 37,222.91 21.84 80.40 CROSSOVERS/ALL OTH OUTPINT .451 9.86 549 536.00 .145 \$ 42037.71 \$ @STATE HOSPITAL 294,264.00 77.91 0 .00 .00 .000 .00 MENTALLY ILL .00 7 DEVELOP. DISABLED 549 294,264.00 536.00 .145 42037.71 77.91 .345 \$ 4245.56 \$ @NURSING FACILITY 49 1,303 208,032.41 159.66 55.08 LEV A-INTERMEDIATE 0 .00 .00 .00

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

MODOC COUNTY

LEV B-REHAB MD	12	364		44,008.82		120.90	.096		3667.40		11.65
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	37	939		164,023.59		174.68	.249		4433.07		43.43
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	14	\$	4,801.68	\$	342.98	.004	\$	533.52	\$	1.27
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	14		4,801.68		342.98	.004		533.52		1.27
@REHABILITATION FACILITY	6	50	\$	982.42	\$	19.65	.013	\$	163.74	\$.26
HOSPITAL BASED	6	50		982.42		19.65	.013		163.74		.26
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	324	1,352	\$	14,714.54	\$	10.88	.358	\$	45.42	\$	3.90
PATHOLOGY	316	1,329		13,824.76		10.40	.352		43.75		3.66
XO AND OTHERS	8	23		889.78		38.69	.006		111.22		.24
@ORGANIZED OUTPATIENT CLINIC	1,406	2,625	\$	263,567.53	\$	100.41	.695	\$	187.46	\$	69.78
CLINIC	4	9		180.04		20.00	.002		45.01		.05
SURGICENTER	3	9		1,057.37		117.49	.002		352.46		.28
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,403	2,607		262,330.12		100.63	.690		186.98		69.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 7,380
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03

----- MONTHLY AVERAGE -----3,777 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 21,560 94,226.49 \$ 4.37 5.708 \$ 194.28 \$ 24.95 78 246 31,275.92 127.14 .065 400.97 8.28 DURABLE MED. EQUIP. 0 0 .000 .00 BLOOD BANK .00 .00 .00 320.14 HEARING AID DISPENSERS 4 6 53.36 .002 80.04 .08 19.91 21,737.29 .289 434.75 MEDICAL TRANSPORTATION 1,092 5.76 41 13,646.40 15.40 AMBULANCES/AIR TRANS 886 .235 332.84 3.61 3 178 355.22 2.00 .047 118.41 .09 OTHER TRANS 7,735.67 276.27 .007 773.57 2.05 OTHER SERVICES .00 ACUPUNCTURE 0 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 265.00 88.33 .001 88.33 .07 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 212 2,529.53 11.93 .056 28.11 .67 PHYSICAL THERAPIST 59 657.46 11.14 .016 109.58 .17 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 12 28 5,605.96 200.21 467.16 PROSTHETIST/ORTHOTISTS .007 1.48 23 PROSTHETICS 5,349.68 232.59 .006 594.41 1.42 256.28 51.26 85.43 ORTHOTICS .001 .07 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 17 26.57 90.35 SPEECH AND AUDIOLOGY 451.74 .005 .12 38.36 .00 .000 .00 .01 HOSPICE SERVICES 0 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 1,594 196.59 3.02 11,402.01 7.15 .422 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

MODOC COUNTY

ALL OTHER PROVIDERS	204	18,303	19,943.08	1.09	4.846	97.76	5.28
@CALIF. CHILDREN SERVICES*	58	514	\$ 30,422.49	\$ 59.19	.136 \$	524.53 \$	8.05
@XOVER EXCLUDING STATE HOSP**	517	8,751	\$ 54,760.50	\$ 6.26	2.317 \$	105.92 \$	14.50

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,381 MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

				MONTHLY AVERAGE -				
6,930 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,406	18,434 \$	934,425.64	\$ 50.69	2.660 \$	274.35	\$ 134.84	
@PHYSICIANS SERVICES	679	2,066 \$	79,849.55	\$ 38.65	.298 \$	117.60	\$ 11.52	
OUTPATIENT VISITS	513	723	22,754.17	31.47	.104	44.36	3.28	
OFFICE VISITS	426	572	15,788.20	27.60	.083	37.06	2.28	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	84	90	3,131.50	34.79	.013	37.28	.45	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	36	56	3,649.72	65.17	.008	101.38	.53	
OTHER OUTPATIENT	4	5	184.75	36.95	.001	46.19	.03	
INPATIENT VISITS	26	123	10,080.07	81.95	.018	387.70	1.45	
HOSPITAL VISITS	19	51	2,507.99	49.18	.007	132.00	.36	
CRITICAL CARE	7	72	7,572.08	105.17	.010	1081.73	1.09	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	4	4	122.08	30.52	.001	30.52	.02	
EXAMINATIONS	4	4	122.08	30.52	.001	30.52	.02	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	30	280	13,675.90	48.84	.040	455.86	1.97	
PRINCIPAL SURGEON	21	26	11,669.64	448.83	.004	555.70	1.68	
ASSISTANT SURGEON	1	1	216.68	216.68	.000	216.68	.03	
ANESTHESIOLOGIST	11	253	1,789.58	7.07	.037	162.69	.26	

OUTPATIENT SURGERY	89	495			20,282.34		40.97		071		227.89		2.93
PRINCIPAL SURGEON	76	95			17,426.85		183.44		014		229.30		2.51
ASSISTANT SURGEON	2	2			269.54		134.77		000		134.77		.04
ANESTHESIOLOGIST	16	398			2,585.95		6.50		057		161.62		.37
DIALYSIS	0	0			.00		.00		000		.00		.00
PATHOLOGY	96	131			986.32		7.53		019		10.27		.14
RADIOLOGY	91	132			6,391.29		48.42		019		70.23		.92
PSYCHIATRY	0	0			.00		.00		000		.00		.00
IMMUNIZATION AND INJECTION	30	79			1,121.74		14.20		011		37.39		.16
OTHER SERVICES/ALL X-OVERS	46	99			4,435.64		44.80		014		96.43		.64
@PHARMACY	1,489	3,446	\$:	183,526.27	\$	53.26		497	\$	123.25	\$	26.48
PRESCRIPTION DRUGS	1,485	3,333			182,915.66		54.88		481		123.18		26.39
SNF/ICF	0	0			.00		.00		000		.00		.00
OUTPATIENTS	1,485	3,333			182,915.66		54.88		481		123.18		26.39
MEDICAL SUPPLIES	14	113			610.61		5.40		016		43.62		.09
@DENTIST	75	439	\$		20,314.25	\$	46.27		063	\$	270.86	\$	2.93
VISITS - DIAGNOSTIC	45	198			2,448.75		12.37		029		54.42		.35
ORAL SURGERY	15	69			5,886.00		85.30		010		392.40		.85
DRUGS	4	9			120.00		13.33		001		30.00		.02
ANESTHESIA	7	7			700.00		100.00		001		100.00		.10
PERIODONTICS	0	0			.00		.00		000		.00		.00
ENDODONTICS	8	38			2,959.00		77.87		005		369.88		.43
RESTORATIVE DENTISTRY	16	84			5,648.50		67.24		012		353.03		.82
PROSTHETICS	0	0			.00		.00		000		.00		.00
DENTURES, STAYPLATES	1	2			.00		.00		000		.00		.00
SPACE MAINTAINERS	2	3			422.00		140.67		000		211.00		.06
MAXILLOFACIAL SERVICES	0	0			.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00		000		.00		.00
ORTHODONTIC SERVICES	19	27			2,130.00		78.89		004		112.11		.31
ALL OTHER SERVICES	2	2			.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES	MONTH-O	F-PAYMENT R	REPORT	FOR JAN	2002 1	'HRU	DEC	2002	PA	GE 7,382
MOP024	FEE-FOR-SERVICE/DENTAL												01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	PUBLI	C ASS	SISTANCE	- FAMILIES	5							
									N	IONTE	HLY AVERA	GE -	

							[v]	OMI	.пьі аувка	UE	
6,930 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	217	463	\$	10,263.41	\$	22.17	.067	\$	47.30	\$	1.48
DIAGNOSTIC AND ANC. PROCED	125	136		5,524.66		40.62	.020		44.20		.80
EYE APPLIANCES	117	279		3,734.25		13.38	.040		31.92		.54
OTHER OPTOMETRIC SERVICES	40	48		1,004.50		20.93	.007		25.11		.14
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	811	3,036	\$	240,531.05	\$	79.23	.438	\$	296.59	\$	34.71
HOSP INPATIENT TOTAL	32	104		152,823.34		1469.46	.015		4775.73		22.05
HSC HOSPITALS	2	10		15,175.00		1517.50	.001		7587.50		2.19

NON-HSC HOSPITAL TOTAL	30	94		137,648.34	1464.34	.014	4588.28	19.86
ACCOMMODATIONS	29	94		46,866.20	498.58	.014	1616.08	6.76
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	94		46,866.20	498.58	.014	1616.08	6.76
ANCILLARIES	30	0		90,782.14	.00	.000	3026.07	13.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	793	2,932		87,707.71	29.91	.423	110.60	12.66
MEDICAL	346	502		16,778.97	33.42	.072	48.49	2.42
SURGERY	75	75		8,119.31	108.26	.011	108.26	1.17
PATHOLOGY	294	829		8,253.94	9.96	.120	28.07	1.19
RADIOLOGY	278	396		25,352.97	64.02	.057	91.20	3.66
ROOM USE	373	479		21,293.22	44.45	.069	57.09	3.07
CROSSOVERS/ALL OTH OUTPINT	335	651		7,909.30	12.15	.094	23.61	1.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU D	EC 2002	PAGE 7,383
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	CASSIS	TANCE - FAMILIES				

MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

6,930 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	811	3 , 036 \$	240,531.05	\$ 79.23	.438 \$	296.59	\$ 34.71
COMM HOSP INPATIENT TOTAL	32	104	152,823.34	1469.46	.015	4775.73	22.05
HSC HOSPITALS	2	10	15,175.00	1517.50	.001	7587.50	2.19
NON-HSC HOSPITALS TOTAL	30	94	137,648.34	1464.34	.014	4588.28	19.86
ACCOMMODATIONS	29	94	46,866.20	498.58	.014	1616.08	6.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	94	46,866.20	498.58	.014	1616.08	6.76
ANCILLARIES	30	0	90,782.14	.00	.000	3026.07	13.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	793	2,932	87 , 707.71	29.91	.423	110.60	12.66
MEDICAL	346	502	16 , 778.97	33.42	.072	48.49	2.42
SURGERY	75	75	8,119.31	108.26	.011	108.26	1.17
PATHOLOGY	294	829	8,253.94	9.96	.120	28.07	1.19
RADIOLOGY	278	396	25,352.97	64.02	.057	91.20	3.66
ROOM USE	373	479	21,293.22	44.45	.069	57.09	3.07

----- MONTHLY AVERAGE -----

CROSSOVERS/ALL OTH OUTPTNT	335	651		7,909.30		12.15	.094		23.61		1.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	т.	.00	т.	.00	.000	4	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	٧	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	7	\$	266.51	\$	38.07	.001	Ċ	53.30	ċ	.04
HOSPITAL BASED) F	7	Ą	266.51	۲	38.07	.001	۲	53.30	۲	.04
INDEPENDENT FACILITY	0	0									.00
	274	605	\$.00	ċ	.00	.000	ċ	.00	ċ	
@LABORATORY FACILITY	274		Ą	10,969.65	\$	18.13	.087	Ş	40.04	Þ	1.58
PATHOLOGY	- : -	605		10,969.65		18.13	.087		40.04		1.58
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,723	2,706	\$	338,395.14	\$	125.05	.390	Ş	196.40	Ş	48.83
CLINIC	4	7		179.70		25.67	.001		44.93		.03
SURGICENTER	1	4		156.55		39.14	.001		156.55		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	[
RURAL HEALTH CLINIC	1,718	2,695		338,058.89		125.44	.389		196.77		48.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	2,695 ES AND EXPENDITU	JRES M		EPORT		.389	DEC	196.77	P <i>I</i>	AGE 7,384
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	2,695 ES AND EXPENDITU /DENTAL		338,058.89 MONTH-OF-PAYMENT RE	EPORT		.389	DEC	196.77	P <i>I</i>	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	2,695 ES AND EXPENDITU /DENTAL		338,058.89	EPORT		.389 2002 THRU		196.77 2002		AGE 7,384
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC	C ASSI	338,058.89 MONTH-OF-PAYMENT RE		FOR JAN 2	.389 2002 THRU	IONT	196.77 2002 HLY AVERA	.GE -	AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC	C ASSI	338,058.89 MONTH-OF-PAYMENT RE	AVE	FOR JAN 2	.389 2002 THRU M UNITS/DAY	IONT S	196.77 2002 HLY AVERA COST PER	.GE -	AGE 7,384 01/17/03 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF	C ASSI	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY	.389 2002 THRU M UNITS/DAY PER ELIG	IONT S	196.77 2002 HLY AVERA COST PER USER	.GE - (AGE 7,384 01/17/03 COST PER CLIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666	C ASSI	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81	AVE	FOR JAN 2 RAGE COST UNIT/DAY 8.88	.389 2002 THRU M UNITS/DAY PER ELIG .818	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93	.GE - (AGE 7,384 01/17/03 COST PER ELIGIBLE 7.26
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY 8.88 69.52	.389 2002 THRU M UNITS/DAY PER ELIG	IONT S	196.77 2002 HLY AVERA COST PER USER	.GE - (AGE 7,384 01/17/03 COST PER CLIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY 8.88	.389 2002 THRU M UNITS/DAY PER ELIG .818	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00	.GE - (AGE 7,384 01/17/03 COST PER ELIGIBLE 7.26
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY 8.88 69.52	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00	AVE PER	RAGE COST UNIT/DAY 8.88 69.52	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00	.GE - (AGE 7,384 01/17/03 COST PER ELIGIBLE 7.26 .25 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99	AVE PER	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96	AVE PER	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23	.GE - (AGE 7,384 01/17/03 COST PER ELIGIBLE 7.26 .25 .00 .01 2.35
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESERVED - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 .00	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESERVANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 .00 .00 .265.00	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 3	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESERVANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 .00 .00 .265.00 .00	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 .00 .00 88.33 .00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .00 .00 .00 .00 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3 0 0	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 3 0 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESERVANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 .00 88.33 .00 .00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000 .000	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .00 .88.33 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3 0	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 3 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESERVANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 88.33 .00 .00 8.87	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000 .000 .0	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .00 .00 .00 .00 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3 0 0 83	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 3 0 0 164	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESENTED FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 .00 265.00 .00 .00 1,453.86 .00	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 88.33 .00 .00 8.87	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000 .000 .0	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .00 .88.33 .00 .00 .00 .00 .00 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3 0 0 83 0	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 3 0 0 164 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESENTED FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 .00 265.00 .00 .00 1,453.86 .00 .00	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 88.33 .00 .00 8.87 .00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000 .000 .0	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .88.33 .00 .00 .00 .00 .00 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3 0 0 83 0	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 3 0 0 164 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESENTED FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 265.00 .00 .00 1,453.86 .00 .00 .00 84.84	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 88.33 .00 .00 88.33 .00 .00	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000 .000 .0	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .88.33 .00 .00 .00 .00 .00 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3 0 0 83 0	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 3 0 0 164 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESENTED FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 265.00 .00 265.00 .00 1,453.86 .00 .00 84.84 68.26	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 88.33 .00 .00 88.33 .00 .00 42.42 68.26	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000 .000 .0	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .88.33 .00 .00 .00 .00 .00 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3 0 0 83 0 0 0 83 0 0 2 1 1	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 164 0 0 2 1 1	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 265.00 .00 265.00 .00 1,453.86 .00 .00 84.84 68.26 16.58	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 88.33 .00 .00 88.37 .00 .00 42.42 68.26 16.58	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000 .000 .0	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 .00 .00 .00 .00 .00 .00	.GE - (AGE 7,384 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 6,930 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 352 16 0 1 30 29 0 2 0 0 3 0 0 83 0	2,695 ES AND EXPENDITU /DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 5,666 25 0 2 874 872 0 2 0 0 3 0 0 164 0	C ASSI CE RE	338,058.89 MONTH-OF-PAYMENT RESENTED FAMILIES EXPENDITURES 50,309.81 1,737.99 .00 99.99 16,296.96 13,746.96 .00 2,550.00 .00 265.00 .00 265.00 .00 .00 1,453.86 .00 .00 84.84 68.26	AVE PER \$	RAGE COST UNIT/DAY 8.88 69.52 .00 50.00 18.65 15.76 .00 1275.00 .00 88.33 .00 .00 88.33 .00 .00 42.42 68.26	.389 2002 THRU M UNITS/DAY PER ELIG .818 .004 .000 .000 .126 .126 .000 .000 .000 .000 .000 .000 .000 .0	IONT S	196.77 2002 HLY AVERA COST PER USER 142.93 108.62 .00 99.99 543.23 474.03 .00 1275.00 .00 .88.33 .00 .00 .00 .00 .00 .00 .00	.GE - (AGE 7,384 01/17/03

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	218	4,438	29,496.69	6.65	.640	135.31	4.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	155	750.29	4.84	.022	125.05	.11
@CALIF. CHILDREN SERVICES*	16	81	\$ 9,023.14	\$ 111.40	.012	\$ 563.95	\$ 1.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,385
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

MODOC COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASSI	STANCE					
						MON		-	
11,736 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7,473		\$	4,307,450.81	\$ 53.62	6.845 \$			367.03
@PHYSICIANS SERVICES	1,477	4,805	\$,	\$ 43.99	.409 \$		\$	18.01
OUTPATIENT VISITS	858	1,201		40,151.30	33.43	.102	46.80		3.42
OFFICE VISITS	720	974		29,044.99	29.82	.083	40.34		2.47
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	126	136		5 , 938.67	43.67	.012	47.13		.51
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	42	64		4,199.39	65.62	.005	99.99		.36
OTHER OUTPATIENT	25	27		968.25	35.86	.002	38.73		.08
INPATIENT VISITS	82	364		22,053.38	60.59	.031	268.94		1.88
HOSPITAL VISITS	61	245		11,498.40	46.93	.021	188.50		.98
CRITICAL CARE	14	92		9,941.38	108.06	.008	710.10		.85
SNF/ICF/TRANS IP CARE	14	27		613.60	22.73	.002	43.83		.05
OPHTHALMOLOGICAL SERVICES	13	13		539.58	41.51	.001	41.51		.05
EXAMINATIONS	13	13		539.58	41.51	.001	41.51		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	69	587		55 , 211.15	94.06	.050	800.16		4.70
PRINCIPAL SURGEON	54	82		45,810.12	558.66	.007	848.34		3.90
ASSISTANT SURGEON	8	8		2,390.90	298.86	.001	298.86		.20
ANESTHESIOLOGIST	24	497		7,010.13	14.10	.042	292.09		.60
OUTPATIENT SURGERY	151	603		34,085.09	56.53	.051	225.73		2.90
PRINCIPAL SURGEON	133	165		29,848.96	180.90	.014	224.43		2.54
ASSISTANT SURGEON	4	4		524.26	131.07	.000	131.07		.04
ANESTHESIOLOGIST	23	434		3,711.87	8.55	.037	161.39		.32
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	160	215		2,392.47	11.13	.018	14.95		.20
RADIOLOGY	222	398		17,994.38	45.21	.034	81.06		1.53
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	54	120		1,609.60	13.41	.010	29.81		.14
OTHER SERVICES/ALL X-OVERS	413	1,304		37,312.39	28.61	.111	90.34		3.18
@PHARMACY	4,937	26,163	\$	1,382,446.93	\$ 52.84	2.229 \$	280.02	\$	117.80
PRESCRIPTION DRUGS	4,896	19,810		1,346,741.27	67.98	1.688	275.07		114.75
SNF/ICF	128	797		52,964.96	66.46	.068	413.79		4.51
OUTPATIENTS	4,786	19,013		1,293,776.31	68.05	1.620	270.33		110.24
MEDICAL SUPPLIES	260	6,353		35,705.66	5.62	.541	137.33		3.04
@DENTIST	125	642	\$	36,598.25	\$ 57.01	.055 \$	292.79	\$	3.12
VISITS - DIAGNOSTIC	67	266		3,453.75	12.98	.023	51.55		.29
ORAL SURGERY	22	94		6,937.00	73.80	.008	315.32		.59
				•					

DRUGS	1	٥		120.00	13.33	.001		30.00		.01
ANESTHESIA	4	9		900.00	100.00	.001		100.00		.08
	9	9		400.00		.000				
PERIODONTICS	13	3			133.33			200.00		.03
ENDODONTICS		43		4,110.00	95.58			316.15		.35
RESTORATIVE DENTISTRY	34	141		13,133.50	93.15	.012		386.28		1.12
PROSTHETICS	•	0		.00	.00			.00		.00
DENTURES, STAYPLATES	15	39		4,942.00	126.72			329.47		.42
SPACE MAINTAINERS	2	3		422.00	140.67	.000		211.00		.04
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	21	33		2,180.00	66.06			103.81		.19
ALL OTHER SERVICES	2	2		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAI	N 2002 THRU	DEC	2002	PA	GE 7,386
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSIS	STANCE						
						N	TNON	HLY AVERA	GE -	
11,736 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAY	ZS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/D	AY PER ELIC	3	USER	E	LIGIBLE
@OPTOMETRIST	448	1,021	\$	21,491.77	\$ 21.05	.087	\$	47.97	\$	1.83
DIAGNOSTIC AND ANC. PROCED	212	250		9,206.08	36.82	.021		43.42		.78
EYE APPLIANCES	236	587		8,710.61	14.84	.050		36.91		.74
OTHER OPTOMETRIC SERVICES	136	184		3,575.08	19.43	.016		26.29		.30
@CHIROPRACTOR	5	8	\$	127.57	\$ 15.95	.001	\$	25.51	\$.01
VISITS	5	8		127.57	15.95	.001		25.51		.01
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	3	3	\$	111.97	\$ 37.32	.000	\$	37.32	\$.01
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	3	3		111.97	37.32	.000		37.32		.01
@HOME HEALTH AGENCY	1	58	\$	4,341.88	\$ 74.86		Ś	4341.88	Ś	.37
NURSE ANESTHESIST	1	13	\$	26.37	\$ 2.03	.001	Ś	26.37	\$.00

	_	_									
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,894	8 , 523	\$	1,102,323.20	\$	129.34	.726	\$	582.01	\$	93.93
HOSP INPATIENT TOTAL	115	478		875 , 499.57		1831.59	.041		7613.04		74.60
HSC HOSPITALS	5	26		32,983.00		1268.58	.002		6596.60		2.81
NON-HSC HOSPITAL TOTAL	75	335		818,011.41		2441.83	.029		10906.82		69.70
ACCOMMODATIONS	72	335		198,689.26		593.10	.029		2759.57		16.93
ADMINISTRATIVE DAYS	1	2		450.99		225.50	.000		450.99		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	72	333		198,238.27		595.31	.028		2753.31		16.89
ANCILLARIES	75	0		619,322.15		.00	.000		8257.63		52.77
INPATIENT CROSSOVERS	35	117		24,505.16		209.45	.010		700.15		2.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,833	8,045		226,823.63		28.19	.685		123.74		19.33
MEDICAL	610	1,038		34,313.88		33.06	.088		56.25		2.92
SURGERY	132	143		14,906.71		104.24	.012		112.93		1.27
PATHOLOGY	644	2,243		22,865.68		10.19	.191		35.51		1.95
RADIOLOGY	525	744		58,057.39		78.03	.063		110.59		4.95
ROOM USE	619	871		38,889.40		44.65	.074		62.83		3.31
CROSSOVERS/ALL OTH OUTPINT	950	3,006		57,790.57		19.23	.256		60.83		4.92
@COUNTY HOSPITAL TOTAL	2	- /	\$	204.41	Ś	11.36	.002	Ś	102.21	Ś	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	'	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	18		204.41		11.36	.002		102.21		.02
MEDICAL	0	0		.00		.00	.002		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	16		130.78		8.17	.001		65.39		.01
RADIOLOGY	1	1		39.20		39.20	.000		39.20		.00
ROOM USE	1	1		34.43		34.43	.000		34.43		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES A		C 1		ם חחב			חבים		די כו	AGE 7,387
	FEE-FOR-SERVICE/DE		ıs I	MONTH-OF-PAIMENT RI	1PUK	I FUR JAN	2002 INKU	חהו		PP.	01/17/03
MOLUZI	LDD LOV-OUVATOR/ DDI	ハTVT									01/11/03

MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						MON	ITHLY AVERA	GE
11,736 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,892	8,505	\$	1,102,118.79	\$ 129.58	.725	582.52	\$ 93.91
COMM HOSP INPATIENT TOTAL	115	478		875,499.57	1831.59	.041	7613.04	74.60
HSC HOSPITALS	5	26		32,983.00	1268.58	.002	6596.60	2.81
NON-HSC HOSPITALS TOTAL	75	335		818,011.41	2441.83	.029	10906.82	69.70
ACCOMMODATIONS	72	335		198,689.26	593.10	.029	2759.57	16.93
ADMINISTRATIVE DAYS	1	2		450.99	225.50	.000	450.99	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	72	333		198,238.27	595.31	.028	2753.31	16.89
ANCILLARIES	75	0		619,322.15	.00	.000	8257.63	52.77
INPATIENT CROSSOVERS	35	117		24,505.16	209.45	.010	700.15	2.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	1,831	8,027		226,619.22		28.23		.684		123.77		19.31
MEDICAL	610	1,038		34,313.88		33.06		.088		56.25		2.92
SURGERY	132	143		14,906.71		104.24		.012		112.93		1.27
PATHOLOGY	642	2,227		22,734.90		10.21		.190		35.41		1.94
RADIOLOGY	524	743		58,018.19		78.09		.063		110.72		4.94
ROOM USE	618	870		38,854.97		44.66		.074		62.87		3.31
CROSSOVERS/ALL OTH OUTPINT	950	3,006		57,790.57		19.23		.256		60.83		4.92
@STATE HOSPITAL	7	549	\$	294,264.00				.047	Ś	42037.71	Ś	25.07
MENTALLY ILL	0	0	т	.00		.00		.000	т	.00	т	.00
DEVELOP. DISABLED	7	549		294,264.00		536.00		.047		42037.71		25.07
@NURSING FACILITY	92	2,454	\$	430,156.28		175.29				4675.61	Ś	36.65
LEV A-INTERMEDIATE	0	0	Ψ.	.00		.00		.000	7	.00	۲	.00
LEV B-REHAB MD	12	364		44,008.82		120.90		.031		3667.40		3.75
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
LEV B-REGULAR		2,090		386,147.46		184.76		.178		4826.84		32.90
@INTERMEDIATE CARE FACILDD	0	2,030	Ś	.00		.00		.000	Ś	.00	Ś	.00
ICF DDH	0	0	Ψ.	.00	Υ	.00		.000	7	.00	۲	.00
ICF DD	0	0		.00		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	18	25	Ś	10,614.85				.002	Ċ	589.71	Ġ	.90
HOSPITAL BASED	0	0	Ÿ	.00		.00		.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	18	25		10,614.85		424.59		.002		589.71		.90
@REHABILITATION FACILITY	12	58	\$	1,278.82				.005	Ċ		Ċ	.11
HOSPITAL BASED	12	58	Y	1,278.82		22.05		.005	Y	106.57	Y	.11
INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	601	1,960	\$	25,717.47				.167	Ċ	42.79	Ċ	2.19
PATHOLOGY	591	1,935	Y	24,817.00		12.83		.165	Y	41.99	Y	2.13
XO AND OTHERS	10	25		900.47		36.02		.002		90.05		.08
@ORGANIZED OUTPATIENT CLINIC	3,437	5 , 921	\$	629,623.14		106.34		.505	Ċ		Ċ	53.65
CLINIC CLINIC	0, 407	16	Y	359.74		22.48		.001	Y	44.97	Y	.03
SURGICENTER	4	13		1,213.92		93.38		.001		303.48		.10
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	3,429	5 , 892		628,049.48		106.59		.502		183.16		53.51
	MEDI-CAL SERVICES AND		DEC						DEC		D1	AGE 7,388
	FEE-FOR-SERVICE/DENTAL		ا لانتاء	LIONIH OF EVINENT I	IVE OIVI	LOIX OAN	2002	T 111/0	טייר	2002	E F	01/17/03
	SUMMARY OF SERVICES FO		ZQQ	TSTANCE								01/1//03
110D0C COUNTI	COLUMN OF SERVICES FO	I TODIIC	доо	TO 11711/CE				N	ירות∩ו	HLY AVERA	GE -	
11 706 51 10151		0 0 0 D I I I	_		3.7.7	D. C.					, H	DED

11,736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,006	28,134 \$	156,978.97	\$ 5.58	2.397	156.04	\$ 13.38
DURABLE MED. EQUIP.	98	275	33,325.58	121.18	.023	340.06	2.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	17	2,493.34	146.67	.001	277.04	.21
MEDICAL TRANSPORTATION	82	1,973	38,278.84	19.40	.168	466.82	3.26
AMBULANCES/AIR TRANS	71	1,764	27,529.31	15.61	.150	387.74	2.35
OTHER TRANS	3	178	355.22	2.00	.015	118.41	.03
OTHER SERVICES	13	31	10,394.31	335.30	.003	799.56	.89
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	530.00	88.33	.001	88.33	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	193	425	4,601.89	10.83	.036	23.84	.39
PHYSICAL THERAPIST	6	59	657.46	11.14	.005	109.58	.06

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	30	5,690.80	189.69	.003	406.49	.48
PROSTHETICS	10	24	5,417.94	225.75	.002	541.79	.46
ORTHOTICS	4	6	272.86	45.48	.001	68.22	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	22	664.23	30.19	.002	83.03	.06
HOSPICE SERVICES	0	0	38.36	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	276	6 , 032	40,898.70	6.78	.514	148.18	3.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	350	19 , 295	29 , 799.77	1.54	1.644	85.14	2.54
@CALIF. CHILDREN SERVICES*	76	660	\$ 40,184.36	\$ 60.89	.056	\$ 528.74	\$ 3.42
@XOVER EXCLUDING STATE HOSP**	881	10,272	\$ 107,557.65	\$ 10.47	.875	\$ 122.09	\$ 9.16

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,389
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

MODOC COUNTY	SUMMARI OF SER	CVICES FOR MIN - NO S	50C	- AGED F	AID CODE 14 IR	10		
						MON	THLY AVERA	GE
183 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	105	1,056	\$	59 , 838.86	\$ 56.67	5.770 \$	569.89	\$ 326.99
@PHYSICIANS SERVICES	21	72	\$	1,329.10	\$ 18.46	.393 \$	63.29	\$ 7.26
OUTPATIENT VISITS	2	2		118.56	59.28	.011	59.28	.65
OFFICE VISITS	1	1		37.50	37.50	.005	37.50	.20
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		81.06	81.06	.005	81.06	. 44
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	70		1,210.54	17.29	.383	57.64	6.61
@PHARMACY	71	313	\$	16,942.76	\$ 54.13	1.710 \$	238.63	\$ 92.58
PRESCRIPTION DRUGS	71	312		16,917.26	54.22	1.705	238.27	92.44

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	4	8	174.94	21.8	7 .044	43.74	.96
OUTPATIENTS	67	304	16,742.32	55.0	7 1.661	249.89	91.49
MEDICAL SUPPLIES	1	1	25.50	25.50	.005	25.50	.14
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT I	REPORT FOR JA	AN 2002 THRU 1	DEC 2002	PAGE 7,390
MOP024	FEE-FOR-SERVICE/						01/17/03
MODOC COUNTY	SUMMARY OF SERVI	CES FOR MN - NO S	SOC - AGED	AID CODE 14			
						ONTHLY AVERA	-
183 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES		DST UNITS/DAY:		COST PER
		OR DAYS OF CARE			DAY PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	6	17 \$	0.10.70			•	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90			47.45	.52
EYE APPLIANCES	5	14	233.98	16.71			1.28
OTHER OPTOMETRIC SERVICES	1	1	14.87	14.8		14.87	.08
@CHIROPRACTOR	U	0 \$	• • • •				·
VISITS	U	0	.00	.00		.00	.00

183 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	6	17	\$	343.75	\$	20.22	.093	\$	57.29	\$ 1.88
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.011		47.45	.52
EYE APPLIANCES	5	14		233.98		16.71	.077		46.80	1.28
OTHER OPTOMETRIC SERVICES	1	1		14.87		14.87	.005		14.87	.08
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	76	\$	3,788.85	\$	49.85	.415	\$	180.42	\$ 20.70
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	21	76		3 , 788.85		49.85	.415		180.42	20.70
MEDICAL	0	0		59.10		.00	.000		.00	.32
SURGERY	1	1		23.89		23.89	.005		23.89	.13
PATHOLOGY	1	1		54.51		54.51	.005		54.51	.30

RADIOLOGY	3	3		1,239.31		413.10	.016	413.10		6.77
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	17	71		2,412.04		33.97	.388	141.88		13.18
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES M	ONTH-OF-PAYMENT E	REPOR	T FOR JAN :	2002 THRU I	DEC 2002	PI	AGE 7,391
MOP024	FEE-FOR-SERVICE/DI	ENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO	SOC	- AGED	AID	CODE 14 1H	1U			
							MC	ONTHLY AVERA	GE -	
183 ELIGIBLES	USERS UI	NITS OF SERVICE	3	EXPENDITURES			UNITS/DAYS	S COST PER		COST PER
	(OR DAYS OF CARE	3		PΕ	R UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	76	\$	3,788.85	\$	49.85	.415	\$ 180.42	\$	20.70
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	21	76		3,788.85		49.85	.415		180.42		20.70
MEDICAL	0	, 0		59.10		.00	.000		.00		.32
SURGERY	1	1		23.89		23.89	.005		23.89		.13
PATHOLOGY	1	1		54.51		54.51	.005		54.51		.30
	1	7									
RADIOLOGY	3	0		1,239.31		413.10	.016		413.10		6.77
ROOM USE	U	7		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		71		2,412.04		33.97	.388		141.88		13.18
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	138	\$	25 , 908.69	\$	187.74	.754	\$	6477.17	\$	141.58
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	138		25,908.69		187.74	.754		6477.17		141.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	т	.00	Τ	.00	.000	Τ.	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
-	0	•	Ą		Ą			ې		Ą	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0	^	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	21	\$	350.71	\$	16.70	.115	\$	70.14	\$	1.92
PATHOLOGY	4	20		346.69		17.33	.109		86.67		1.89
XO AND OTHERS	1	1		4.02		4.02	.005		4.02		.02
@ORGANIZED OUTPATIENT CLINIC	40	80	\$	9,535.56	\$	119.19	.437	\$	238.39	\$	52.11
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	40	80		9,535.56		119.19	.437		238.39		52.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 7,392
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MODOC COUNTY			IO SOC	- AGED	AID C	CODE 14 1H	1U				
							M	IONT	HLY AVERA	GE	
183 ELIGIBLES	USERS	UNITS OF SERVIC	'E	EXPENDITURES	AVE	RAGE COST				_	COST PER
100 HIIGIBIID	ODLINO	OR DAYS OF CAF		LM LINDI I OILLO		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	19	339	\$	1,639.44	\$	4.84	1.852		86.29		8.96
DURABLE MED. EQUIP.	2	9	Y	761.46	Y	84.61	.049	Y	380.73	Y	4.16
	0										
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS		•		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00

0

0

.00

.00

.000

.00

.00

ACUPUNCTURE

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	134.88	14.99	.049	33.72	.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	321	743.10	2.31	1.754	57.16	4.06
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	38	192	\$ 4,729.45	\$ 24.63	1.049	\$ 124.46	\$ 25.84

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,393
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----UNITS OF SERVICE 00 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 @TOTAL, ALL PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 .000 \$ @PHYSICIANS SERVICES 0 0 .00 .00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 OFFICE VISITS .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MONT	H-OF-PAYMENT RE	PORT FOR JAN	1 2002 THRU	DEC 2002	PAGE	,
MOP024	FEE-FOR-SERVICE/DENTA	L						0	1/17/03

AID CODE 24

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 .000 \$ 0 .00 \$.00 .00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST .00 .00 .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$.00 .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 .00 .00 .000 .00 NURSE MIDWIFE 0 .00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$.00 .000 \$ @TOTAL HOSPITAL .00 .00 .00 .00 HOSP INPATIENT TOTAL .00 .00 .00 .00 .000 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

MODOC COUNTY

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0					
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MONT					
MOP024	FEE-FOR-SERVICE			101(1 101(0111(2	OUL THEO DE	0 2002	01/17/03
MODOC COUNTY		ICES FOR MN - NO SOC -	BITMD	AID CODE	2.4		01/1//05
MODOC COONII	SUMMANT OF SERV	ICES FOR MN NO SOC	DHIND		MON'	ת שיינוע אוידים	`F
00 ELIGIBLES	HEEDE	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 FILGIBLES	USERS	OR DAYS OF CARE	FVLFNDIIOVES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITE HOODIEST HORST	0	OR DAIS OF CARE () \$.00	\$.00	.000 \$		-
@COMMUNITY HOSPITAL TOTAL	0						
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

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CROSSOVERS/ALL OTH OUTPTNT

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

0

0

0

0

LEV B-REHAB MD	0	0		.00		00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
LEV B-REGULAR	0	0		.00		00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.	00	.000	\$.00	\$.00
ICF DDH	0	0		.00		00	.000		.00		.00
ICF DD	0	0		.00		00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.	00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.	00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.	00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		00	.000		.00		.00
XO AND OTHERS	0	0		.00		00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.	00	.000	\$.00	\$.00
CLINIC	0	0		.00		00	.000		.00		.00
SURGICENTER	0	0		.00		00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPORT FOR	JAN 2	2002 THRU	DEC	2002	PAGE	,
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	1/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	R MN - N	O SOC	- BLIND	AID	CODE	24				
									HLY AVERA		
00 ELIGIBLES		F SERVIC		EXPENDITURES	_		UNITS/DAY	-	COST PER		I PER
	OR DAY	S OF CAR	E		PER UNIT		PER ELIG		USER		GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00		00	.000	\$		\$.00
DURABLE MED. EQUIP.	0	0		.00		00	.000		.00		.00
BLOOD BANK	0	0		.00		00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPARATE II	NFORMATION I	TEM ONLY;					
THE AMOUNTS ARE ALBEADY INCLUDE	TAL MITT ADDDADD	TAME DEMATT	TIMEC ADOVE					

^{@ *}

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 7,397 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 248 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,216 8.935 \$ 429.10 \$ 432.56 107,274.82 \$ 48.41 53 @PHYSICIANS SERVICES 130 \$ 5,551.77 \$ 42.71 .524 \$ 104.75 \$ 22.39 21 OUTPATIENT VISITS 35 891.27 25.46 .141 42.44 3.59 OFFICE VISITS 20 34 866.89 25.50 .137 43.34 3.50 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 24.38 24.38 .004 24.38 .10 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 . 00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .000 20.00 20.00 OPHTHALMOLOGICAL SERVICES 20.00 .004 .08 20.00 20.00 20.00 EXAMINATIONS .004 .08 .00 .00 .00 SERVICES AND MATERIALS .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

OUTPATIENT SURGERY	10	22		2,093.73		95.17	.089		209.37		8.44
PRINCIPAL SURGEON	9	15		1,828.32		121.89	.060		203.15		7.37
ASSISTANT SURGEON	1	1		118.02		118.02	.004		118.02		.48
ANESTHESIOLOGIST	1	6		147.39		24.57	.024		147.39		.59
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	19		78.36		4.12	.077		6.03		.32
RADIOLOGY	5	10		249.31		24.93	.040		49.86		1.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	9		1,557.27		173.03	.036		389.32		6.28
OTHER SERVICES/ALL X-OVERS	17	34		661.83		19.47	.137		38.93		2.67
@PHARMACY	223	1,553	\$	67,361.28	\$	43.37	6.262	\$	302.07	\$	271.62
PRESCRIPTION DRUGS	217	932		65,732.62		70.53	3.758		302.92		265.05
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	217	932		65,732.62		70.53	3.758		302.92		265.05
MEDICAL SUPPLIES	17	621		1,628.66		2.62	2.504		95.80		6.57
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES M	ONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 7,398
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	MN -	NO SOC	- DISABLED 64	6G 6H	6U 6V 6	X 8G				
							M	ONT	HLY AVERA	GE -	

						[v]	OMI	. TLI AVEKA	GE.	
248 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9	19	\$ 388.36	\$	20.44	.077	\$	43.15	\$	1.57
DIAGNOSTIC AND ANC. PROCED	4	4	152.23		38.06	.016		38.06		.61
EYE APPLIANCES	4	10	145.51		14.55	.040		36.38		.59
OTHER OPTOMETRIC SERVICES	2	5	90.62		18.12	.020		45.31		.37
@CHIROPRACTOR	1	2	\$ 33.44	\$	16.72	.008	\$	33.44	\$.13
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	1	2	33.44		16.72	.008		33.44		.13
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	45	205	\$ 12,870.24	\$	62.78	.827	\$	286.01	\$	51.90
HOSP INPATIENT TOTAL	1	2	7,832.17		3916.09	.008		7832.17		31.58
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	1	2		7,832.17	3916.09	.008	7832.17		31.58
ACCOMMODATIONS	1	2		1,136.47	568.24	.008	1136.47		4.58
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	2		1,136.47	568.24	.008	1136.47		4.58
ANCILLARIES	1	0		6,695.70	.00	.000	6695.70		27.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	44	203		5,038.07	24.82	.819	114.50		20.31
MEDICAL	8	10		482.35	48.24	.040	60.29		1.94
SURGERY	5	5		329.81	65.96	.020	65.96		1.33
PATHOLOGY	17	58		620.32	10.70	.234	36.49		2.50
RADIOLOGY	5	11		501.07	45.55	.044	100.21		2.02
ROOM USE	10	16		744.39	46.52	.065	74.44		3.00
CROSSOVERS/ALL OTH OUTPTNT	24	103		2,360.13	22.91	.415	98.34		9.52
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU	DEC 2002	PA	GE 7,399
MOP024	FEE-FOR-SERVICE/	/DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC	- DISABLED 64 6	6G 6H 6U 6V 6X	8G			
						Mo	ONTHLY AVERA	GE -	
248 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			С	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
_									

248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	205 \$	12,870.24	\$ 62.78	.827 \$	286.01	\$ 51.90
COMM HOSP INPATIENT TOTAL	1	2	7,832.17	3916.09	.008	7832.17	31.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	7,832.17	3916.09	.008	7832.17	31.58
ACCOMMODATIONS	1	2	1,136.47	568.24	.008	1136.47	4.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,136.47	568.24	.008	1136.47	4.58
ANCILLARIES	1	0	6,695.70	.00	.000	6695.70	27.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	203	5,038.07	24.82	.819	114.50	20.31
MEDICAL	8	10	482.35	48.24	.040	60.29	1.94
SURGERY	5	5	329.81	65.96	.020	65.96	1.33
PATHOLOGY	17	58	620.32	10.70	.234	36.49	2.50
RADIOLOGY	5	11	501.07	45.55	.044	100.21	2.02
ROOM USE	10	16	744.39	46.52	.065	74.44	3.00

CROSSOVERS/ALL OTH OUTPTNT 24 103 2,360,13 22,91 415 98,34 9,52 SYSTATE MOSSITAL		2.4	100		0 000 10		00 01	41 5		00 24		0 50
MENTALLY ILL		= =		ċ	•	Ċ			ċ		ċ	
DEVELOP DISABLED 0	-	· ·		Ş		Þ			Ş		Þ	
NUMBRING FACILITY		· ·										
LEV A INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•										
LEV B-REHAB MD 1	-	· ·	ŭ	Ş		Ş			Ş		Ş	
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
LEV B-SURACUTE HSPTL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR O O O S		0	0									
LEV B-REGULAR		0	0									
STATEMEDIATE CARE FACILDD		0	0									
ICF DDH		0	0									
ICF DD	@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$		\$	
CF DDN/DDCN		0	0				.00					
HEMODIALYSIS TOTAL		0	0		.00		.00	.000				
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
REHABILITATION FACILITY	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED	HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
@LABORATORY FACTLITY 13 23 \$ 453.96 \$ 19.74 .093 \$ 34.92 \$ 1.83 PATHOLOGY 13 23 453.96 19.74 .093 \$ 34.92 1.83 XO AND OTHERS 0 0 .00 <td< td=""><td>HOSPITAL BASED</td><td>0</td><td>0</td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></td<>	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
PATHOLOGY 13 23 453.96 19.74 .093 34.92 1.83 XO AND OTHERS 0 0 0 .00 .00 .00 .00 .00 .00 GORGANIZED OUTPATIENT CLINIC 76 138 \$ 14,968.22 \$ 108.47 .556 \$ 196.95 \$ 60.36 CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 SURGICENTER 0 0 0 .00 .00 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 76 138 14,968.22 108.47 .556 196.95 60.36 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,400 MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G 248 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 76 138 \$ 14,968.22 \$ 108.47 .556 \$ 196.95 \$ 60.36 CLINIC 0 0 .00 .	@LABORATORY FACILITY	13	23	\$	453.96	\$	19.74	.093	\$	34.92	\$	1.83
@ORGANIZED OUTPATIENT CLINIC 76 138 \$ 14,968.22 \$ 108.47 .556 \$ 196.95 \$ 60.36 CLINIC 0 0 .00 </td <td>PATHOLOGY</td> <td>13</td> <td>23</td> <td></td> <td>453.96</td> <td></td> <td>19.74</td> <td>.093</td> <td></td> <td>34.92</td> <td></td> <td>1.83</td>	PATHOLOGY	13	23		453.96		19.74	.093		34.92		1.83
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	XO AND OTHERS	0	0		.00		.00	.000		.00		.00
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@ORGANIZED OUTPATIENT CLINIC	76	138	\$	14,968.22	\$	108.47	.556	\$	196.95	\$	60.36
HEROIN DETOX CLINIC RURAL HEALTH CLINIC 76 138 14,968.22 108.47 556 196.95 60.36 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,400 MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 248 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE		0	0	•		·	.00	.000		.00	·	.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC 76 138 14,968.22 108.47 556 196.95 60.36 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,400 MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 248 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE	SURGICENTER	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MOP024 MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 248 ELIGIBLES WEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,400 01/17/03 01/17/03 AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,400 MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G 248 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	RURAL HEALTH CLINIC	76	138									
MOPO24 FEE-FOR-SERVICE/DENTAL MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G MONTHLY AVERAGE 248 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE		MEDI-CAL SERVICE		RES M	•	REPORT			DEC		Р	
MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G MONTHLY AVERAGE 248 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	" -											
MONTHLY AVERAGE 248 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE				o soc	- DISABLED 64	6G 6F	4 6U 6V 6X	8G				,,
248 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE									ONTI	HLY AVERA	GE	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	248 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST				-	COST PER
									-			
	@ALL OTHER PROVIDERS	28	146	\$	5,647.55	\$	38.68					22.77
DURABLE MED. EQUIP. 4 7 704.69 100.67 .028 176.17 2.84	•			т.	•	т.			т		4	

					MON	IULI AAFVA	3E
248 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	28	146 \$	5,647.55	\$ 38.68	.589 \$	201.70	\$ 22.77
DURABLE MED. EQUIP.	4	7	704.69	100.67	.028	176.17	2.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	106	4,036.94	38.08	.427	1345.65	16.28
AMBULANCES/AIR TRANS	3	106	4,036.94	38.08	.427	1345.65	16.28
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	114.00	11.40	.040	22.80	.46
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	23	791.92	34.43	.093	49.50	3.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	43	147	\$ 3,458.45	\$ 23.53	.593	\$ 80.43	\$ 13.95
0.1 -0			 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,401 MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

						MO	NTHLY AVERA	GE
8,723 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3 , 992	20,207	\$	1,276,823.32	\$ 63.19	2.317	\$ 319.85	\$ 146.37
@PHYSICIANS SERVICES	827	2,121	\$	107,620.49	\$ 50.74	.243	\$ 130.13	\$ 12.34
OUTPATIENT VISITS	575	795		29,234.52	36.77	.091	50.84	3.35
OFFICE VISITS	434	574		16,712.60	29.12	.066	38.51	1.92
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	90	94		4,587.35	48.80	.011	50.97	.53
PREVENTIVE CARE	1	2		54.74	27.37	.000	54.74	.01
OB VISITS/COMPRE PERI	77	102		7,096.22	69.57	.012	92.16	.81
OTHER OUTPATIENT	20	23		783.61	34.07	.003	39.18	.09
INPATIENT VISITS	40	166		14,678.50	88.42	.019	366.96	1.68
HOSPITAL VISITS	33	70		3,800.13	54.29	.008	115.16	. 44
CRITICAL CARE	8	96		10,878.37	113.32	.011	1359.80	1.25
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6		207.74	34.62	.001	41.55	.02

EXAMINATIONS SERVICES AND MATERIALS 0 0 0 0.00 .00 .000 .000 .00 INPATIENT PRINCIPAL SURGERY 35 157 13,733.40 87.47 .018 392.38 1.57 PRINCIPAL SURGEON 27 29 11,370.15 392.07 .003 421.12 1.30 ASSISTANT SURGEON 3 3 3 559.50 186.50 .000 186.50 .06 AMESTHESIOLOGIST 10 125 1,803.75 14.43 .014 180.38 .21 OUTPATIENT SURGEON 65 75 15,626.86 208.36 .009 240.41 1.79 ASSISTANT SURGEON 1 1 1 1 167.72 167.72 .000 167.72 .02 AMESTHESIOLOGIST 15 132 2,033.15 15.40 .015 135.54 .23 DIALYSIS 0 0 0 0 .00 .00 .00 167.72 .02 AMESTHESIOLOGIST 15 132 2,033.15 15.40 .015 135.54 .23 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		_	_									
NAMESTEAN SOSPITAL SURGERY 35	EXAMINATIONS	5	6		207.74		34.62	.001		41.55		.02
PRINCIPAL SURGEON 27 29 11.370.15 392.07 .003 421.12 1.30 ASISTANT SURGEON 3 3 3 559.50 186.50 .000 186.50 .006 ANDSTHESIOLOGIST 10 125 1.803.75 14.43 .014 180.38 .21 OUTPATIENT SURGEON 78 208 17.827.73 85.71 .024 228.56 2.04 PRINCIPAL SURGEON 65 75 15.626.86 208.36 .009 240.41 1.79 ASSISTANT SURGEON 1 1 1 16.72 167.72 .000 167.72 .02 ANDSTHESIOLOGIST 15 132 2.033.15 15.40 .015 135.54 .23 DIALYSIS 0 0 0 0 .00 .00 .00 .00 15.55 12.62 PATHOLOGY 136 215 1,694.86 7.88 .025 12.46 .19 RADIOLOGY 156 245 12,661.04 51.68 .028 81.16 1.45 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 21 31 794.18 25.62 .004 37.82 .09 CHER SERVICES/ALL X-OVERS 98 298 16,788.52 55.34 .034 171.31 1.92 SPHARMACY 1,986 4,535 \$ 253,553.10 \$ 55.91 .520 \$ 127.67 \$ 29.07 PRESCRIPTION DRUGS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 MDDICAL SUPPLIES 17 61 959.96 15.74 .007 .00 .00 .00 OUTPATIENTS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 MDDICAL SUPPLIES 17 61 959.96 15.74 .007 .007 .007 .007 ORAL SURGERY 19 46 59.99 6 15.74 .007 .007 .007 .007 ORAL SURGERY 19 46 59.99 6 15.74 .007 .007 .007 .007 ORAL SURGERY 19 46 59.99 6 15.74 .007 .007 .007 .007 ORAL SURGERY 19 46 59.99 6 15.74 .007 .007 .007 .007 .007 .007 .007 .		· ·	•									
ASSISTANT SURCEON ANESTHESIOLOGIST 10 125 1,803.75 14.43 .014 180.38 .21 OUTPATIENT SURGERY 78 208 17,827.73 85.71 .024 228.56 2.04 PRINCIPAL SURGERY 78 208 17,827.73 85.71 .024 228.56 2.04 PRINCIPAL SURGERY 65 75 15,626.86 208.36 .009 240.41 1.79 ASSISTANT SURGEON 1 1 1 167.72 167.72 .000 167.72 .002 ANESTHESIOLOGIST 15 132 2,033.15 15.40 .015 135.54 .23 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 136 215 1,984.86 7.88 .025 12.46 .19 RADIOLOGY 156 245 12,661.04 51.68 .028 81.16 1.45 PSYCHATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 98 298 16,788.52 56.34 .034 171.31 1.92 PHARAMACY 1,986 4,535 9 225,353.10 \$ 55.91 .520 \$ 127.67 \$ 29.07 PRESCRIPTION DRUGS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 SNF/ICF 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 MEDICAL SUPPLIES 17 61 95.96 15.74 .007 56.47 VISITS - DIAGNOSTIC 59 225 3,085.00 12.05 .029 52.29 .35 DRUGS 77 10 228.75 22.88 .001 32.68 .03 ANESTHESIA 11 11 1,200.00 109.09 .001 109.09 .14 PRESCRIPTION TISTS 1 1 1 1 1 200.00 109.09 .001 109.09 .14 PRESCRIPTIST					•							
ANDSTRIESTOLOGIST 10 125 1,803.75 14.43 014 180.38 .21 OUTPATTENT SURGERY 78 208 17,827.73 85.71 0.24 228.56 2.04 PRINCIPAL SURGEON 65 75 15,626.86 208.36 0.09 240.41 1.79 ASSISTANT SURGEON 1 1 1 1.67.72 167.72 0.00 167.72 0.02 ANDSTRAY SURGEON 1 1 1 1.67.72 167.72 0.00 167.72 0.02 ANDSTRAY SURGEON 1 1 1 1.67.72 167.72 0.00 167.72 0.00 167.72 0.02 ANDSTRAY SURGEON 1 1 1 1.67.72 167.72 0.00 1.00 1.00 0.00 0.00 0.00 0.00 0.0		- ·										
OUTPATIENT SURGERY 78 208 1, 227, 73 85.71 .024 228.55 2.04 PRINCIPAL SURGEON 65 75 15,626.86 208.36 .009 240.41 1.79 ASSISTANT SURGEON 1 1 1 167.72 167.72 .000 167.72 .02 ANESTHESIOLOGIST 15 12 2.033.15 15.40 .015 135.54 .23 DIALKSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ASSISTANT SURGEON	-										
PRINCIPAL SURGEON 65 75 15,626.86 208.36 .009 240.41 1.79 ASSISTANT SURGEON 1 1 1 1.67.72 167.72 .000 167.72 .020 ANSSTHESIOLOGIST 15 132 2.033.15 15.40 .015 135.54 .23 DIALYSIS 0 0 0 .00 .00 .00 .000 .000 .00 .00 PATHOLOGY 136 215 1,694.86 7.88 .025 12.46 .19 RADIOLOGY 156 245 12,661.04 51.68 .028 81.16 1.45 PSYCHIARTY 0 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 21 31 794.18 25.62 .004 37.82 .09 OTHER SERVICES/ALL X-OVERS 98 298 16.788.52 56.34 .034 171.31 1.92 PHARMACY 1,986 4,535 \$ 253,553.10 \$ 55.91 .520 \$ 127.67 \$ 29.07 PRESCRIPTION DRUGS 1,986 4,535 \$ 253,553.10 \$ 55.91 .520 \$ 127.67 \$ 29.07 PRESCRIPTION DRUGS 1,986 4,535 \$ 253,553.10 \$ 55.91 .520 \$ 127.67 \$ 29.07 PRESCRIPTION DRUGS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 MEDICAL SUPPLIES 17 61 95.96 15.74 .007 56.47 .11 PEDENTIST 78 444 \$ 18,675.60 \$ 42.66 .513 127.44 28.96 ORAL SURGERY 19 46 5,494.00 119.43 .005 289.16 .63 DRUGS 7 10 228.75 22.88 .001 32.68 DRUGS 7 10 228.75 22.88 .001 32.68 ANESTHESIA 11 11 11 1,200.00 109.09 .001 109.09 .14 PENDODONTICS 1 4 12 850.00 12.05 .029 52.29 .35 DRUGS 7 10 228.75 22.88 .001 32.68 DRUGS 7 10 228.75 22.88 .001 32.68 DRUGS 1 1 1 1 1,200.00 109.09 .001 109.09 .00 DENTURES, STAYPLATES 1 8 77 5,965.85 68.57 .010 284.09 .68 ENDODONTICS 4 1 2 87 5,955.85 68.57 .010 284.09 .00 DENTURES, STAYPLATES 1 8 8 738.00 92.25 .001 738.00 .00 DENTURES, STAYPLATES 1 8 8 738.00 92.25 .001 738.00 .00 DENTURES, STAYPLATES 3 1 8 77 777.00 111.00 .001 255.00 .00 DENTURES, STAYPLATES 1 8 8 738.00 92.25 .001 738.00 .00 DENTURES, STAYPLATES 3 1 8 8 738.00 92.25 .001 738.00 .00 DENTURES, STAYPLATES 3 3 77 777.00 111.00 .001 255.00 .00 DENTURES, STAYPLATES 3 3 77 777.00 111.00 .001 255.00 .00 DENTURES, STAYPLATES 3 3 77 777.00 111.00 .001 255.00 .00 DENTURES, STAYPLATES 4 2 2 2 105.00 .00 .000 .000 .000 .000 DENTURES, STAYPLATES 3 3 77 777.00 111.00 .001 255.00 .000 DENTURES, STAYPLATES 4 2 2 2 2 105.00 .00 .000 .000 .000 .000	ANESTHESIOLOGIST											
ASSISTANT SURGEON 1 1 1 1 167.72 167.72 .000 167.72 .02 ANESTHESIOLOGIST 15 132 2.033.15 15.40 .015 135.54 .23 DIALYSIS 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	OUTPATIENT SURGERY		208		17,827.73		85.71	.024		228.56		2.04
ANESTHESIOLOGIST 15 132 2,033.15 15.40 0.05 0.00 0.00 0.00 0.00 0.00 0.00	PRINCIPAL SURGEON	65	75		15,626.86		208.36	.009		240.41		1.79
DIALYSIS 0 0 0 0 00 00 00 00 00 00 00 00 00 00	ASSISTANT SURGEON	1	1		167.72		167.72	.000		167.72		.02
PATHOLOGY 136 215 1,694.86 7.88 .025 12.46 .19 RADIOLOGY 156 245 12,661.04 51.68 .028 81.16 1.45 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 21 31 794.18 25.62 .004 37.82 .09 OTHER SERVICES/ALL X-OVERS 98 298 16,788.52 56.34 .034 171.31 1.92 @PHARMACY 1,986 4,535 \$ 253,553.10 \$ 55.91 .520 \$ 127.67 \$ 29.07 PRESCRIPTION DRUGS 1,986 4,535 \$ 253,553.10 \$ 55.91 .520 \$ 127.67 \$ 29.07 PRESCRIPTION DRUGS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 MEDICAL SUPPLIES 17 61 95.99 6 15.74 .007 56.47 .11 @DENTIST 78 444 \$ 18,675.60 \$ 42.06 .051 \$ 239.43 \$ 2.14 VISITS - DIAGNOSTIC 59 256 3,085.00 12.05 .029 52.29 .35 ORAL SURGERY 19 46 5,440 .019.49 .005 288.16 .63 DRUGS 7 7 10 228.75 22.88 .001 32.68 .03 ANESTHESIA 11 11 11 1,200.00 109.09 .001 109.09 .014 PENDODONTICS 1 1 1 200.00 200.00 .000 .000 .00 ENDODONTICS 1 1 1 200.00 200.00 .000 .000 .00 DENTISTERY 21 87 5,965.85 68.57 .010 284.09 68 PROSTRETICS 2 2 2 30.00 15.00 .000 15.00 .000 DENTURES, STAYPLATES 1 88 738.00 92.25 .001 738.00 .08 PRESCRAFIVE DENTISTRY 21 87 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .000 .000 .000 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 52.50 .01 #CALLF DEVICES 2 2 2 105.00 52.50 .000 52.50 .01 #CALLF DEVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE ** #CALLF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE ** #CALLF DEPT OF HEALTH SERV	ANESTHESIOLOGIST	15	132		2,033.15		15.40	.015		135.54		.23
RADIOLOGY 156 245 12,661.04 51.68 .028 81.16 1.45 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	DIALYSIS	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	PATHOLOGY	136	215		1,694.86		7.88	.025		12.46		.19
IMMUNIZATION AND INJECTION 21 31 794.18 25.62 .004 37.82 .09 OTHER SERVICES/ALL X-OVERS 98 298 16,788.52 56.34 .034 171.31 1.92 OTHER SERVICES/ALL X-OVERS 98 298 16,788.52 56.34 .034 171.31 1.92 OTHER SERVICES 1,986 4,535 523,553.10 55.91 .520 5127.67 29.07 PRESCRIPTION DRUGS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OUTPATIENTS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 MEDICAL SUPPLIES 17 61 959.96 15.74 .007 56.47 .11 OTHER SERVICES 19 444 18,675.60 42.06 .051 239.43 2.11 OTHER SERVICES 19 46 5,494.00 19.43 .005 289.16 .63 DRUGS 7 10 228.75 22.88 .001 32.68 .03 ANESTHESIA 11 11 1,200.00 109.09 .001 109.09 .14 PERIODONTICS 1 1 200.00 200.00 .000 200.00 .02 ENDODONTICS 1 1 200.00 200.00 .000 200.00 .02 ENDODONTICS 2 2 30.00 15.00 .001 213.00 .00 PRESTRATIVE DENTISTRY 21 87 5,965.85 68.57 .010 284.09 .68 PROSTHETICS 2 2 30.00 15.00 .000 .000 .000 DENTURES, STAYPLATES 3 7 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 2 2 105.00 52.50 .000 52.50 .01 ALL OTHER SERVICES 2 2 105.00 52.50 .000 .000 .000 #CALLF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402	RADIOLOGY	156	245		12,661.04		51.68	.028		81.16		1.45
IMMUNIZATION AND INJECTION 21 31 794.18 25.62 .004 37.82 .09 .00	PSYCHIATRY	0	0		.00		.00	.000		.00		.00
## PHARMACY	IMMUNIZATION AND INJECTION	21	31		794.18		25.62	.004				.09
@PHARMACY 1,986 4,535 \$ 253,553.10 \$ 55.91 .520 \$ 127.67 \$ 29.07 PRESCRIPTION DRUGS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 MEDICAL SUPPLIES 17 61 959.96 15.74 .007 76.47 .11 VISITS - DIAGNOSTIC 59 256 3,085.00 12.05 .029 252.29 .35 ORAL SURGERY 19 46 5,494.00 119.43 .005 289.16 .63 DRUGS 7 10 228.75 22.88 .001 32.88 .03 ANESTHESIA 11 11 11 1,200.00 109.09 .001 109.09 .14 PERIODONTICS 4 12 852.00 71.00 .00 .	OTHER SERVICES/ALL X-OVERS	98	298		16,788.52			.034		171.31		1.92
PRESCRIPTION DRUGS 1,982 4,474 252,593.14 56.46 .513 127.44 28.96 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@ PHARMACY	1,986	4,535	\$		\$.520	\$	127.67	\$	29.07
SNF/ICF	PRESCRIPTION DRUGS			•		·					·	28.96
MEDICAL SUPPLIES 17 61 959.96 15.74 .007 56.47 .11 @DENTIST 78 444 18,675.60 42.06 .051 \$ 239.43 \$ 2.14 VISITS - DIAGNOSTIC 59 256 3,085.00 12.05 .029 52.29 .35 ORAL SURGERY 19 46 5,494.00 119.43 .005 289.16 .63 DRUGS 7 10 228.75 22.88 .001 32.68 .03 ANESTHESIA 11 11 1,200.00 109.09 .001 109.09 .14 PERIODONTICS 1 1 200.00 200.00 .000 200.00 .	SNF/ICF	. 0	. 0				.00	.000		.00		.00
MEDICAL SUPPLIES 17 61 959.96 15.74 .007 56.47 .11 @DENTIST 78 444 18,675.60 42.06 .051 \$ 239.43 \$ 2.14 VISITS - DIAGNOSTIC 59 256 3,085.00 12.05 .029 52.29 .35 ORAL SURGERY 19 46 5,494.00 119.43 .005 289.16 .63 DRUGS 7 10 228.75 22.88 .001 32.68 .03 ANESTHESIA 11 11 1,200.00 109.09 .001 109.09 .14 PERIODONTICS 1 1 200.00 200.00 .000 200.00 .00 .00 .00 .02 .00 .	OUTPATIENTS	1,982	4,474		252,593.14		56.46	.513		127.44		28.96
QDENTIST			•									
VISITS - DIAGNOSTIC 59 256 3,085.00 12.05 .029 52.29 .35 ORAL SURGERY 19 46 5,494.00 119.43 .005 289.16 .63 DRUGS 7 10 228.75 22.88 .001 32.68 .03 ANESTHESIA 11 11 1,200.00 109.09 .001 109.09 .14 PERIODONTICS 1 1 200.00 200.00 .000 200.00 .02 ENDODONTICS 4 12 852.00 71.00 .001 213.00 .10 RESTORATIVE DENTISTRY 21 87 5,965.85 68.57 .010 284.09 .68 PROSTHETICS 2 2 2 30.00 15.00 .000 15.00 .00 DENTURES, STAYPLATES 1 8 8 738.00 92.25 .001 738.00 .08 SPACE MAINTAINERS 3 7 777.00 111.00 .001 259.00 .08 SPACE MAINTAINERS 3 7 7777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 52.50 .01 ALL OTHER SERVICES 2 2 2 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402		78	444	\$		\$			\$		\$	
ORAL SURGERY 19 46 5,494.00 119.43 .005 289.16 .63 DRUGS 7 10 228.75 22.88 .001 32.68 .03 ANESTHESIA 11 11 11 1,200.00 109.09 .001 109.09 .14 PERIODONTICS 1 1 200.00 200.00 .000 200.00 .02 ENDODONTICS 4 12 852.00 71.00 .001 213.00 .10 RESTORATIVE DENTISTRY 21 87 5,965.85 68.57 .010 284.09 .68 PROSTHETICS 2 2 2 30.00 15.00 .000 15.00 .00 DENTURES, STAYPLATES 1 8 738.00 92.25 .001 738.00 .08 SPACE MAINTAINERS 3 7 777.00 111.00 .001 .259.00 .09 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 <td>VISITS - DIAGNOSTIC</td> <td>59</td> <td>256</td> <td>•</td> <td>3,085.00</td> <td>·</td> <td>12.05</td> <td>.029</td> <td></td> <td>52.29</td> <td>·</td> <td>.35</td>	VISITS - DIAGNOSTIC	59	256	•	3,085.00	·	12.05	.029		52.29	·	.35
DRUGS 7 10 228.75 22.88 .001 32.68 .03 ANESTHESIA 11 11 1,200.00 109.09 .001 109.09 .14 PERIODONTICS 1 1 200.00 200.00 .000 200.00 .02 ENDODONTICS 4 12 852.00 71.00 .001 213.00 .10 RESTORATIVE DENTISTRY 21 87 5,965.85 68.57 .010 284.09 .68 PROSTHETICS 2 2 2 30.00 15.00 .000 15.00 .00 DENTURES, STAYPLATES 1 8 8 738.00 92.25 .001 738.00 .08 SPACE MAINTAINERS 3 77 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 52.50 .01 ALL OTHER SERVICES 2 2 2 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402		19			•							
ANESTHESIA 11 11 1,200.00 109.09 .001 109.09 .14 PERIODONTICS 1 1 1 200.00 200.00 .000 200.00 .02 ENDODONTICS 4 12 852.00 71.00 .001 213.00 .10 RESTORATIVE DENTISTRY 21 87 5,965.85 68.57 .010 284.09 .68 PROSTHETICS 2 2 30.00 15.00 .000 15.00 .00 DENTURES, STAYPLATES 1 88 738.00 92.25 .001 738.00 .08 SPACE MAINTAINERS 3 77 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 52.50 .01 ALL OTHER SERVICES 2 2 2 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402		7	10									
PERIODONTICS 1 1 200.00 200.00 .000 200.00 .02 ENDODONTICS 4 12 852.00 71.00 .001 213.00 .10 RESTORATIVE DENTISTRY 21 87 5,965.85 68.57 .010 284.09 .68 PROSTHETICS 2 2 30.00 15.00 .000 15.00 .00 DENTURES, STAYPLATES 1 8 738.00 92.25 .001 738.00 .08 SPACE MAINTAINERS 3 7 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 <t< td=""><td>ANESTHESIA</td><td>11</td><td>11</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.14</td></t<>	ANESTHESIA	11	11									.14
ENDODONTICS 4 12 852.00 71.00 .001 213.00 .10 RESTORATIVE DENTISTRY 21 87 5,965.85 68.57 .010 284.09 .68 PROSTHETICS 2 2 30.00 15.00 .000 15.00 .00 DENTURES, STAYPLATES 1 8 738.00 92.25 .001 738.00 .08 SPACE MAINTAINERS 3 7 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 52.50 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402	PERIODONTICS	1	1				200.00	.000		200.00		.02
RESTORATIVE DENTISTRY 21 87 5,965.85 68.57 .010 284.09 .68 PROSTHETICS 2 2 30.00 15.00 .000 15.00 .00 DENTURES, STAYPLATES 1 8 738.00 92.25 .001 738.00 .08 SPACE MAINTAINERS 3 7 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 52.50 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402		4	12									
PROSTHETICS 2 2 30.00 15.00 .000 15.00 .00 DENTURES, STAYPLATES 1 8 738.00 92.25 .001 738.00 .08 SPACE MAINTAINERS 3 7 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 .00	RESTORATIVE DENTISTRY	21	87		5,965.85							
SPACE MAINTAINERS 3 7 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 52.50 .01 ALL OTHER SERVICES 2 2 2 .00 .00 .000 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402	PROSTHETICS	2										
SPACE MAINTAINERS 3 7 777.00 111.00 .001 259.00 .09 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 2 2 2 105.00 52.50 .000 52.50 .01 ALL OTHER SERVICES 2 2 2 .00 .00 .000 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402		$\overline{1}$	8									
MAXILLOFACIAL SERVICES 0 0 .00 </td <td>•</td> <td>3</td> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	•	3	7									
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .01 .01 .01 .00<		0	0									
ORTHODONTIC SERVICES 2 2 105.00 52.50 .000 52.50 .01 ALL OTHER SERVICES 2 2 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402		0	0									
ALL OTHER SERVICES 2 2 .00 .00 .000 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402		2	2									
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,402		2	2									
		MEDI-CAL SERVICES A	ND EXPENDITI	IRES I		ZPOR'			DEC		PΔ	
1101 011 1011 0111111111111111111111111						010						
MODOC COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J				OC-F	AM 34 39 3N 3T 3V	54 5	9 5J 5W-5Y	6.T				01/1//05

8,723 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE	C		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	182	407	\$	9,298.13	\$	22.85	.047	\$	51.09	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	111	115		4,581.89		39.84	.013		41.28	.53
EYE APPLIANCES	101	253		4,212.21		16.65	.029		41.71	.48
OTHER OPTOMETRIC SERVICES	37	39		504.03		12.92	.004		13.62	.06
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.000	\$	25.08	\$.01
VISITS	2	3		50.16		16.72	.000		25.08	.01
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

NURSE MIDWIFE	2	12	\$	476.63	\$	39.72	.001	\$	238.32	\$.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	112.80	\$	37.60	.000	\$	56.40		.01
@TOTAL HOSPITAL	940	4,888	\$	409,895.28	\$.560	\$	436.06		46.99
HOSP INPATIENT TOTAL	66	276		263,743.05	·	955.59	.032		3996.11		30.24
HSC HOSPITALS	5	15		20,263.00		1350.87	.002		4052.60		2.32
NON-HSC HOSPITAL TOTAL	61	261		243,479.41		932.87	.030		3991.47		27.91
ACCOMMODATIONS	60	261		159,244.97		610.13	.030		2654.08		18.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	60	261		159,244.97		610.13	.030		2654.08		18.26
ANCILLARIES	61	0		84,234.44		.00	.000		1380.89		9.66
INPATIENT CROSSOVERS	1	0		.64		.00	.000		.64		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	904	4,612		146,152.23		31.69	.529		161.67		16.75
MEDICAL	400	575		18,241.97		31.73	.066		45.60		2.09
SURGERY	69	71		6,063.76		85.41	.008		87.88		.70
PATHOLOGY	416	1,348		13,098.88		9.72	.155		31.49		1.50
RADIOLOGY	328	471		36,947.77		78.45	.054		112.65		4.24
ROOM USE	349	459		19,831.61		43.21	.053		56.82		2.27
CROSSOVERS/ALL OTH OUTPINT	336	1,688		51,968.24		30.79	.194		154.67		5.96
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES 1	MONTH-OF-PAYMENT R	EPOF	RT FOR JAN 2	2002 THRU	DEC	2002	PA	AGE 7,403
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

8,723 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 940 4,888 \$.560 \$ 436.06 \$ 46.99 @COMMUNITY HOSPITAL TOTAL 409,895.28 \$ 83.86 66 276 955.59 .032 3996.11 COMM HOSP INPATIENT TOTAL 263,743.05 30.24 5 HSC HOSPITALS 15 20,263.00 1350.87 .002 4052.60 2.32 NON-HSC HOSPITALS TOTAL 61 261 243,479.41 932.87 .030 3991.47 27.91 261 159,244.97 610.13 2654.08 18.26 ACCOMMODATIONS .030 0 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 0 0 .00 .00 .00 TRANSITIONAL IP CARE .000 261 .030 159,244.97 610.13 2654.08 18.26 ALL OTHER ACCOM 1380.89 9.66 ANCILLARIES 61 0 84,234.44 .00 .000 INPATIENT CROSSOVERS 1 0 .64 .00 .000 .64 .00

.00

.00

.000

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

----- MONTHLY AVERAGE -----

.00

.00

MODOC COUNTY

ALL OTHER INPATIENT

COMM HOSP OUTPATIENT TOTAL	904	4,612		146,152.23		31.69	.529		161.67		16.75
MEDICAL	400	575		18,241.97		31.73	.066		45.60		2.09
SURGERY	69	71		6,063.76		85.41	.008		87.88		.70
PATHOLOGY	416	1,348		13,098.88		9.72	.155		31.49		1.50
RADIOLOGY	328	471		36,947.77		78.45	.054		112.65		4.24
ROOM USE	349	459		19,831.61		43.21	.053		56.82		2.27
CROSSOVERS/ALL OTH OUTPINT	336	1,688		51,968.24		30.79	.194		154.67		5.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	354	820	\$	14,214.10	\$	17.33	.094	\$	40.15	\$	1.63
PATHOLOGY	354	820		14,214.10		17.33	.094		40.15		1.63
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,020	3,456	\$	421,091.38	\$	121.84	.396	\$	208.46	\$	48.27
CLINIC	7	25		891.06		35.64	.003		127.29		.10
SURGICENTER	2	8		313.10		39.14	.001		156.55		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,015	3,423		419,887.22		122.67	.392		208.38		48.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 7,404
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAN	4 34 39 3N 3T 3V 5	54 59	5J 5W-5Y					
							M		HLY AVERA	GE -	
0 000			_				/	. ~	~~~ ~~	_	

					1101		.01
8,723 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	277	3 , 518 \$	41,835.65	\$ 11.89	.403 \$	151.03	\$ 4.80
DURABLE MED. EQUIP.	23	87	2,816.14	32.37	.010	122.44	.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	164.28	41.07	.000	82.14	.02
MEDICAL TRANSPORTATION	35	1,359	24,602.28	18.10	.156	702.92	2.82
AMBULANCES/AIR TRANS	34	1,354	17,777.28	13.13	.155	522.86	2.04
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	6 , 825.00	1365.00	.001	1365.00	.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,356.00	96.86	.002	96.86	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	79	163	1,519.37	9.32	.019	19.23	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	148.65	49.55	.000	74.33	.02
PROSTHETICS	2	3	148.65	49.55	.000	74.33	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	14	1,720.51	122.89	.002	344.10	.20
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	95	1,040	7,372.87	7.09	.119	77.61	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	834	2,135.55	2.56	.096	82.14	.24
@CALIF. CHILDREN SERVICES*	17	57	\$ 30,071.63	\$ 527.57	.007	\$ 1768.92	\$ 3.45
@XOVER EXCLUDING STATE HOSP**	18	65	\$ 3,765.77	\$ 57.93	.007	\$ 209.21	\$.43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,405 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

					MON	THLY AVERA	GE
9,154 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,347	23,479 \$	1,443,937.00	\$ 61.50	2.565 \$	332.17	\$ 157.74
@PHYSICIANS SERVICES	901	2 , 323 \$	114,501.36	\$ 49.29	.254 \$	127.08	\$ 12.51
OUTPATIENT VISITS	598	832	30,244.35	36.35		50.58	3.30
OFFICE VISITS	455	609	17,616.99	28.93	.067	38.72	1.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	92	96	4,692.79	48.88	.010	51.01	.51
PREVENTIVE CARE	1	2	54.74	27.37	.000	54.74	.01
OB VISITS/COMPRE PERI	77	102	7,096.22	69.57	.011	92.16	.78
OTHER OUTPATIENT	20	23	783.61	34.07	.003	39.18	.09
INPATIENT VISITS	40	166	14,678.50	88.42	.018	366.96	1.60
HOSPITAL VISITS	33	70	3,800.13	54.29	.008	115.16	.42
CRITICAL CARE	8	96	10,878.37	113.32	.010	1359.80	1.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	7	227.74	32.53	.001	37.96	.02
EXAMINATIONS	6	7	227.74	32.53	.001	37.96	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	157	13,733.40	87.47	.017	392.38	1.50
PRINCIPAL SURGEON	27	29	11,370.15	392.07		421.12	1.24
ASSISTANT SURGEON	3	3	559.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	10	125	1,803.75	14.43	.014	180.38	.20
OUTPATIENT SURGERY	88	230	19,921.46	86.62	.025	226.38	2.18
PRINCIPAL SURGEON	74	90	17,455.18	193.95	.010	235.88	1.91
ASSISTANT SURGEON	2	2	285.74	142.87	.000	142.87	.03
ANESTHESIOLOGIST	16	138	2,180.54	15.80	.015	136.28	.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	149	234	1,773.22	7.58	.026	11.90	.19
RADIOLOGY	161	255	12,910.35	50.63	.028	80.19	1.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	40	2,351.45	58.79	.004	94.06	.26
OTHER SERVICES/ALL X-OVERS	136	402	18,660.89	46.42	.044	137.21	2.04
@PHARMACY	2,280	6,401 \$	337,857.14	\$ 52.78	.699 \$	148.18	\$ 36.91
PRESCRIPTION DRUGS	2,270	5,718	335,243.02	58.63	.625	147.68	36.62

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

4	8		174.94		21.87	.001		43.74		.02
2,266	5,710		335,068.08		58.68	.624		147.87		36.60
35	683		2,614.12		3.83	.075		74.69		.29
78	444	\$	18,675.60	\$	42.06	.049	\$	239.43	\$	2.04
59	256		3,085.00		12.05	.028		52.29		.34
19	46		5,494.00		119.43	.005		289.16		.60
7	10		228.75		22.88	.001		32.68		.02
11	11		1,200.00		109.09	.001		109.09		.13
1	1		200.00		200.00	.000		200.00		.02
4	12		852.00		71.00	.001		213.00		.09
21			5,965.85		68.57	.010		284.09		.65
2	2		30.00		15.00	.000		15.00		.00
1	8		738.00		92.25	.001		738.00		.08
3	7		777.00		111.00	.001		259.00		.08
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2	2		105.00		52.50	.000		52.50		.01
2	2					.000		.00		.00
MEDI-CAL SERVICES	AND EXPENDITUR	RES M	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU I	DEC	2002	P.	AGE 7,406
FEE-FOR-SERVICE/DE	INTAL									01/17/03
SUMMARY OF SERVICE	S FOR 28 MED	ICALI	LY NEEDY - NO SOC							
								HLY AVERA	GE	
			EXPENDITURES				5 (COST PER
										ELIGIBLE
		\$		\$			\$		\$	1.10
			•							.53
			•							.50
										.07
3		\$		\$			\$		\$.01
2	3									.01
1	2									.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	35 78 59 19 7 11 1 4 21 2 1 3 0 0 0 2 2 MEDI-CAL SERVICES FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	2,266 5,710 35 683 78 444 59 256 19 46 7 10 11 11 1 1 1 1 1 4 12 21 87 2 2 2 1 87 2 2 2 1 88 3 7 0 0 0 0 0 0 0 0 2 2 2 2 2 MEDI-CAL SERVICES AND EXPENDITURE FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 28 MEDI USERS UNITS OF SERVICE OR DAYS OF CARR 197 443 117 121 110 277 40 45	2,266 5,710 35 683 78 444 \$ 59 256 19 46 7 10 11 11 1 1 1 4 12 21 87 2 2 2 1 87 2 2 2 1 88 3 77 0 0 0 0 0 0 0 2 2 2 2 2 MEDI-CAL SERVICES AND EXPENDITURES NEED-FOR-SERVICE/DENTAL SUMMARY OF SERVICE FOR 28 MEDICALI USERS UNITS OF SERVICE OR DAYS OF CARE 197 443 \$ 117 121 110 277 40 45 3 5 \$	2,266 5,710 335,068.08 35 683 2,614.12 78 444 \$ 18,675.60 59 256 3,085.00 19 46 5,494.00 7 10 228.75 11 11 11 1,200.00 1 1 1 200.00 4 12 852.00 21 87 5,965.85 2 2 2 3 30.00 1 88 738.00 1 88 738.00 1 88 738.00 1 88 738.00 2 2 2 105.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0	2,266 5,710 335,068.08 35 683 2,614.12 78 444 \$ 18,675.60 \$ 59 256 3,085.00 19 46 5,494.00 7 10 228.75 11 11 11 1,200.00 1 1 1 200.00 4 12 852.00 21 87 5,965.85 2 2 2 30.00 21 87 7777.00 0 0 0 0 .00 0 0 0 .00 0 0 0 0 0 0 0 0 0 0	2,266 5,710 335,068.08 58.68 35 683 2,614.12 3.83 78 444 \$ 18,675.60 \$ 42.06 59 256 3,085.00 12.05 19 46 5,494.00 119.43 7 10 228.75 22.88 11 11 11 1,200.00 109.09 1 1 1 200.00 200.00 4 12 852.00 71.00 21 87 5,965.85 68.57 2 2 2 30.00 15.00 11 8 738.00 92.25 3 7 777.00 111.00 0 0 0 0 0.00 .00 0 0 0 0.00 .00 0 0 0 0.00 .00 0 0 0 0.00 .00 0 0 0 0.00 .00 0 0 0 0.00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST PER UNIT/DAY 197 443 \$ 10,030.24 \$ 22.64 117 121 4,829.02 39.91 110 277 4,591.70 16.58 40 45 609.52 13.54 3 5 \$ 83.60 \$ 16.72 2 3 3 50.16 16.72 2 3 3 50.16 16.72	2,266	2,266	2,266	2,266 5,710 335,068.08 58.68 624 147.87 35 683 2,614.12 3.83 .075 74.69 78 444 \$ 18,675.60 \$ 42.06 .049 \$ 239,43 \$ \$ 59 256 3,085.00 12.05 .028 52.29 19 46 5,494.00 119.43 .005 289.16 7 10 228.75 22.88 .001 32.68 11 11 11 1,200.00 109.09 .001 109.09 1 1 1 200.00 200.00 .000 200.00 4 12 852.00 71.00 .001 213.00 21 87 5,965.85 68.57 .010 284.09 2 2 2 30.00 15.00 .000 12.00 284.09 2 2 2 30.00 15.00 .000 15.00 1 8 738.00 92.25 .001 738.00 3 7 7777.00 111.00 .001 259.00 0 0 0 0 0.00 .00 .000 .000 .000 2 2 2 2 105.00 52.50 .000 52.50 2

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	2	12 \$	476.63	\$ 39.72	.001 \$	238.32	\$.05
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	2	3 \$	112.80	\$ 37.60	.000 \$	56.40	
@TOTAL HOSPITAL	1,006	5 , 169 \$	426,554.37	\$ 82.52	.565 \$	424.01	
HOSP INPATIENT TOTAL	67	278	271,575.22	976.89	.030	4053.36	29.67
HSC HOSPITALS	5	15	20,263.00	1350.87	.002	4053.30	2.21
	62		251,311.58	955.56	.029	4052.60	2.21
NON-HSC HOSPITAL TOTAL	61	263 263			.029	2629.20	17.52
ACCOMMODATIONS	0		160,381.44	609.82			
ADMINISTRATIVE DAYS		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	263	160,381.44	609.82	.029	2629.20	17.52
ANCILLARIES	62	0	90,930.14	.00	.000	1466.62	9.93
INPATIENT CROSSOVERS	1	0	.64	.00	.000	.64	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	969	4,891	154,979.15	31.69	.534	159.94	16.93
MEDICAL	408	585	18,783.42	32.11	.064	46.04	2.05
SURGERY	75	77	6,417.46	83.34	.008	85.57	.70
PATHOLOGY	434	1,407	13,773.71	9.79	.154	31.74	1.50
RADIOLOGY	336	485	38,688.15	79.77	.053	115.14	4.23
ROOM USE	359	475	20,576.00	43.32	.052	57.31	2.25
CROSSOVERS/ALL OTH OUTPINT	377	1,862	56,740.41	30.47	.203	150.51	6.20
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 7,407
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MODOC COUNTY		ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
					MONT	THLY AVERA	GE
9,154 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
·		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,006	5,169 \$	426,554.37	\$ 82.52	.565 \$		
COMM HOSP INPATIENT TOTAL	67	278	271,575.22	976.89	.030	4053.36	29.67
HSC HOSPITALS	5	15	20,263.00	1350.87	.002	4052.60	2.21
NON-HSC HOSPITALS TOTAL	62	263	251,311.58	955.56	.029	4053.41	27.45
ACCOMMODATIONS	61	263	160,381.44	609.82	.029	2629.20	17.52
			,				= : • • =

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	61	263		160,381.44		609.82	.029		2629.20		17.52
ANCILLARIES	62	0		90,930.14		.00	.000		1466.62		9.93
INPATIENT CROSSOVERS	1	0		.64		.00	.000		.64		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	969	4,891		154,979.15		31.69	.534		159.94		16.93
MEDICAL	408	585		18,783.42		32.11	.064		46.04		2.05
SURGERY	75	77		6,417.46		83.34	.008		85.57		.70
PATHOLOGY	434	1,407		13,773.71		9.79	.154		31.74		1.50
RADIOLOGY	336	485		38,688.15		79.77	.053		115.14		4.23
ROOM USE	359	475		20,576.00		43.32	.052		57.31		2.25
CROSSOVERS/ALL OTH OUTPINT	377	1,862		56,740.41		30.47	.203		150.51		6.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś		\$.00
MENTALLY ILL	0	0	Υ	.00	۲	.00	.000	۲	.00	٣	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0		\$		ċ			ċ	6477.17	ċ	
@NURSING FACILITY	0	138 0	P	25,908.69	\$	187.74	.015	\$		Ş	2.83
LEV A-INTERMEDIATE	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	138		25,908.69		187.74	.015		6477.17		2.83
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	372	864	\$	15,018.77	\$	17.38	.094	\$	40.37	\$	1.64
PATHOLOGY	371	863		15,014.75		17.40	.094		40.47		1.64
XO AND OTHERS	1	1		4.02		4.02	.000		4.02		.00
@ORGANIZED OUTPATIENT CLINIC	2,136	3,674	\$	445,595.16	\$.401	\$		\$	48.68
CLINIC	7	25	·	891.06	•	35.64	.003		127.29		.10
SURGICENTER	2	8		313.10		39.14	.001		156.55		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,131	3,641		444,391.00		122.05	.398		208.54		48.55
#CALIF DEPT OF HEALTH SERV			IRES N	MONTH-OF-PAYMENT R	EPOR'			DEC		P:	AGE 7,408
MOP024	FEE-FOR-SERVICE		71(110 1		CDI OIC	1 101 0111	2002 111110	DLO	2002		01/17/03
MODOC COUNTY			TCAT.T	LY NEEDY - NO SOC							01/1//05
HODGE COUNTY	DOIMMING OF DERIV	TODO TOR ZO FIDE	71 011111	di Needi - No boc			N	THON	HLY AVERA	GE .	
9,154 ELIGIBLES	USERS	UNITS OF SERVIC	T.	EXPENDITURES	2/2/2	FRACE COST				-	COST PER
J, 134 EDIGIDDES	OSERS	OR DAYS OF CAF		EXIENDITORES			PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	324	4,003	\$	49,122.64			.437		151.61		5.37
	29	103	٧	4,282.29	٧	41.58		Ÿ	147.67	Y	
DURABLE MED. EQUIP.	0	103		.00		.00	.011		.00		.47
BLOOD BANK HEARING AID DISPENSERS	2	4		164.28		41.07			82.14		
	38						.000				.02
MEDICAL TRANSPORTATION		1,465		28,639.22		19.55	.160		753.66		3.13
AMBULANCES/AIR TRANS	37	1,460		21,814.22		14.94	.159		589.57		2.38
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	5	5		6,825.00		1365.00	.001		1365.00		.75
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,356.00		96.86	.002	96.86	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	88	182	1,768.25		9.72	.020	20.09	.19
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	148.65		49.55	.000	74.33	.02
PROSTHETICS	2	3	148.65		49.55	.000	74.33	.02
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	14	1,720.51	1:	22.89	.002	344.10	.19
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	95	1,040	7,372.87		7.09	.114	77.61	.81
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	55	1,178	3 , 670.57		3.12	.129	66.74	.40
@CALIF. CHILDREN SERVICES*	17	57	\$ 30,071.63	\$ 5:	27.57	.006	\$ 1768.92	\$ 3.29
@XOVER EXCLUDING STATE HOSP**	99	404	\$ 11,953.67	\$	29.59	.044	\$ 120.74	\$ 1.31

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,409
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----181 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 555.31 \$ 702.57 @TOTAL, ALL PROVIDERS 229 1,469 \$ 86.57 8.116 \$ 127,165.41 9 23 44.76 .127 \$ 114.39 \$ @PHYSICIANS SERVICES 1,029.50 \$ 5.69 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 OFFICE VISITS .00 .00 .000 HOME VISITS 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .000 PRINCIPAL SURGEON .00 .00 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 DIALYSIS .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	23	1,029.50	44.76	.127	114.39	5.69
@PHARMACY	164	512 \$	25,732.32	\$ 50.26	2.829	\$ 156.90	\$ 142.17
PRESCRIPTION DRUGS	163	510	25,566.44	50.13	2.818	156.85	141.25
SNF/ICF	16	86	2,790.27	32.45	.475	174.39	15.42
OUTPATIENTS	153	424	22,776.17	53.72	2.343	148.86	125.84
MEDICAL SUPPLIES	2	2	165.88	82.94	.011	82.94	.92
@DENTIST	5	12 \$.00	\$.00	.066	\$.00	\$.00
VISITS - DIAGNOSTIC	2	3	.00	.00	.017	.00	.00
ORAL SURGERY	1	1	.00	.00	.006	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7	.00	.00	.039	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU D	DEC 2002	PAGE 7,410

MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

SUMMARI OF SER	VICES FOR 29 MM -	- 500 -	AGED		AID CC	UE				
						M	TNC	HLY AVERA	GΕ	
USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE	<u>c</u>		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
9	13	\$	345.91	\$	26.61	.072	\$	38.43	\$	1.91
1	1		47.45		47.45	.006		47.45		.26
5	11		186.36		16.94	.061		37.27		1.03
4	1		112.10		112.10	.006		28.03		.62
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1	\$	1.82	\$	1.82	.006	\$	1.82	\$.01
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1		1.82		1.82	.006		1.82		.01
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$		\$.00		\$		\$.00
0	0	\$		\$			\$		\$.00
34		\$	•	\$			\$		\$	42.93
5	19		•							14.53
0	0									.00
0	0									.00
0	0									.00
0	0									.00
0	0		.00		.00	.000		.00		.00
0	0									.00
0	0		.00		.00	.000		.00		.00
	USERS 9 1 5 4 0 0 0 1 0 0 1 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 9 13 1 1 5 11 4 1 0 0 0 0 0 0 0 0 0 1 1 1 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 9 13 \$ 1 1 1 5 11 4 0 0 \$ 0 0 \$ 0 0 0 1 1 5 \$ 0 0 0 0 0 0 1 1 1 \$ 0 0 0 \$ 0 0 0 1 1 1 1 \$ 0 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9	USERS UNITS OF SERVICE OR DAYS OF CARE 9 13 \$ 345.91 \$ 147.45	USERS UNITS OF SERVICE OR DAYS OF CARE 9 13 \$ 345.91 \$ 26.61 1 1 1 47.45 47.45 5 11 186.36 16.94 4 1 112.10 112.10 0 0 \$.00 \$.00 0 0 0 .00 .00 0 0 0 .00 .00 1 1 \$ 1.82 \$ 1.82 0 0 0 .00 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 9 13 \$ 345.91 \$ 26.61 .072 1 1 1 47.45 47.45 .006 5 11 186.36 16.94 .061 4 11 112.10 112.10 .006 0 0 \$.00 \$.00 .00 .00 0 0 0 .00 \$.00 .00 .00 0 0 0 .00 .00 .00 .00 0 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 9 13 \$ 345.91 \$ 26.61 .0.72 \$ 1 1 1 47.45 47.45 .006	USERS UNITS OF SERVICE OR DAYS OF CARE 9 13 \$ 345.91 \$ 26.61 .072 \$ 38.43 1 1 1 47.45 47.45 .006 47.45 5 11 186.36 16.94 .061 37.27 4 1 112.10 112.10 .006 28.03 0 0 \$.00 \$.00 .00 .00 .00 \$.00 0 0 0 .00 .00 .00 .00 .00 .00 0 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 9 13 \$ 345.91 \$ 26.61 .072 \$ 38.43 \$ 1 1 1 186.36 6 16.94 .061 37.27 4 11 112.10 112.10 .006 28.03

INPATIENT CROSSOVERS	5	19		2,630.09	138.4	3 .105		526.02		14.53	
ALL OTHER INPATIENT	0	0		.00	.0	0 .000		.00		.00	
HOSP OUTPATIENT TOTAL	31	172		5,141.02	29.8	9 .950		165.84		28.40	
MEDICAL	0	0		.00	.0	0 .000		.00		.00	
SURGERY	0	0		.00	.0	0 .000		.00		.00	
PATHOLOGY	0	0		.00	.0	0 .000		.00		.00	
RADIOLOGY	0	0		.00	.0	0 .000		.00		.00	
ROOM USE	0	0		.00	.0	0 .000		.00		.00	
CROSSOVERS/ALL OTH OUTPINT	31	172		5,141.02	29.8	9 .950		165.84		28.40	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.0	0 .000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.0	0 .000		.00		.00	
HSC HOSPITALS	0	0		.00	.0	0 .000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.0	0 .000		.00		.00	
ACCOMMODATIONS	0	0		.00	.0	0 .000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.0	0 .000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.0	0 .000		.00		.00	
ALL OTHER ACCOM	0	0		.00	.0	0 .000		.00		.00	
ANCILLARIES	0	0		.00	.0	0 .000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.0	0 .000		.00		.00	
ALL OTHER INPATIENT	0	0		.00	.0	0 .000		.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.0	0 .000		.00		.00	
MEDICAL	0	0		.00	.0	0 .000		.00		.00	
SURGERY	0	0		.00	.0	0 .000		.00		.00	
PATHOLOGY	0	0		.00	.0	0 .000		.00		.00	
RADIOLOGY	0	0		.00	.0			.00		.00	
ROOM USE	0	0		.00	.0			.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.0	0 .000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MONTH-OF	F-PAYMENT RE	PORT FOR J	AN 2002 THRU	DEC	2002	PAG	•	
MOP024	FEE-FOR-SERVICE/DENTAL								,	01/17/03	
MODOC COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC - AGEI		AI	D CODE					
							MONT	HLY AVERA	3E		

181 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	1		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	191	\$	7,771.11	\$	40.69	1.055		228.56		42.93
COMM HOSP INPATIENT TOTAL	5	19	·	2,630.09	·	138.43	.105		526.02	•	14.53
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	19		2,630.09		138.43	.105		526.02		14.53
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	31	172		5,141.02		29.89	.950		165.84		28.40
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	31	172	<u> </u>	5,141.02	^	29.89	.950	<u> </u>	165.84	<u> </u>	28.40
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19	497	\$.00 83,588.64	\$	168.19	2.746	\$	4399.40	\$.00 461.82
LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.000	Ş	.00	ې	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	497		83,588.64		168.19	2.746		4399.40		461.82
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	Ö	т.	.00	т.	.00	.000	7	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	28.02	\$	7.01	.022	\$	14.01	\$.15
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	4		28.02	_	7.01	.022		14.01		.15
@ORGANIZED OUTPATIENT CLINIC	63 0	125	\$	5,283.76	\$	42.27		\$	83.87	\$	29.19
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	63	125				.00 42.27			.00		.00 29.19
				ONTH-OF-PAYMENT R							
MOP024	FEE-FOR-SERVICE		(II) (II)	ONIH OF FAIMENT K.	EFOR.	I FOR UAN 2	.002 11110	ישע	, 2002	r	01/17/03
MODOC COUNTY		ICES FOR 29 MN -	- SOC	- ACED		AID CC	DF				01/1//03
110000 000111	BOTHHIN OF BEIN	TODO TOTO 25 THV	500	71000			M	ОИТ	HLY AVERA	GE	
181 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI						
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	25	91		3,384.33					135.37	\$	18.70
DURABLE MED. EQUIP.	1	2		83.51		41.76			83.51		.46
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	33		867.76	26.30	.182	867.76	4.79
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	33		867.76	26.30	.182	867.76	4.79
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	8		94.88	11.86	.044	23.72	.52
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	16		1,746.88	109.18	.088	291.15	9.65
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	32		591.30	18.48	.177	42.24	3.27
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	63	275	\$	10,908.11	\$ 39.67	1.519	\$ 173.14	\$ 60.27
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARATE	INFORMATION	ITEM ON	LY;				
MILE AMOUNDS ADE ALDEADY INSTITU	ED IN MUE ADDOOD	DIAME DEMATE	TINEC	A DOLLE				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,413 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AID CODE MODOC COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 08 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 14 86.20 1.750 \$ 201.14 \$ 150.85 @TOTAL, ALL PROVIDERS 1,206.83 \$.00 @PHYSICIANS SERVICES 0 \$ \$.00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 ASSISTANT SURGEON .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0								
PSYCHIATRY	U	U	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	•	.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0								
PERIODONTICS	•	U	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES		_			.00	0.00				0.0
	()	0	.00		. 00	. 000		. () ()		• 00
	MEDI-CAL SERVIC	•	.00 ONTH-OF-PAYMENT RE	EPORT FOR		.000 2002 THRU	DEC	.00	PA	.00 AGE 7.414
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M		EPORT FOR			DEC		PA	AGE 7,414
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE		JAN 2	2002 THRU	DEC		PÆ	
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE			2002 THRU		2002		AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MODENTAL TICES FOR 30 MN - SOC	ONTH-OF-PAYMENT RE		AID CO	2002 THRU ODE M	ONTI	2002 HLY AVERA	GE -	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MODENTAL ICES FOR 30 MN - SOCURITY OF SERVICE	ONTH-OF-PAYMENT RE	AVERAGE	AID COST	2002 THRU ODE M UNITS/DAY	ONTI S (2002 HLY AVERA COST PER	GE -	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MODERNIAL TICES FOR 30 MN - SOCURITY OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES	AVERAGE PER UNI	AID COST	2002 THRU ODE M UNITS/DAY PER ELIG	ONTI S (2002 HLY AVERA COST PER USER	GE - C	AGE 7,414 01/17/03 COST PER CLIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00	AVERAGE	AID COST T/DAY	2002 THRU ODE M UNITS/DAY PER ELIG .000	ONTI S (2002 HLY AVERA COST PER USER .00	GE - C	AGE 7,414 01/17/03 COST PER ELIGIBLE .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES MODERNAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00	AVERAGE PER UNI	AID COST T/DAY .00 .00	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000	ONTI S (2002 HLY AVERA COST PER USER .00 .00	GE - C	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00	AVERAGE PER UNI	AID COST T/DAY .00 .00	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00	GE - C	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00	AVERAGE PER UNI \$	AID COST T/DAY .00 .00 .00	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00 .00	GE - C E \$	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00	AVERAGE PER UNI	AID COST T/DAY .00 .00 .00	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00 .00 .00	GE - C	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 5	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE PER UNI \$	AID COST (T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00	AVERAGE PER UNI \$	AID COST T/DAY .00 .00 .00	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E \$	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 5	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE PER UNI \$	AID COST (T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE PER UNI \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTI S (\$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - E \$	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTI S (\$	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - E \$	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTI S (\$	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - E \$	AGE 7,414 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 0 0 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNI \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTI S (\$	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - E \$	AGE 7,414 01/17/03
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#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0	ONTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNI \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTH	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - F \$ \$	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0	DNTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$ \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTE	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F S S S S S S S S S S S S S S S S S S	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0	DNTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$ \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTES (2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CF	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0	DNTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$ \$ \$ \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTE	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0	DNTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$ \$ \$ \$ \$ \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTE	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0	DNTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$ \$ \$ \$ \$ \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTE	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0	DNTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$ \$ \$ \$ \$ \$	AID CO COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTE	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	AGE 7,414 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 08 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0	DNTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$ \$ \$ \$ \$ \$	AID COST T/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .	ONTE	2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	AGE 7,414 01/17/03

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	25.19	12.60	.250	12.60	3.15
MEDICAL	1	1	12.79	12.79	.125	12.79	1.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	12.40	12.40	.125	12.40	1.55
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	•	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
MEDICAL	0	0			.000		.00
SURGERY	0	_	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	SPORT FOR JAN 2	2002 THRU DEC	3 2002	•
MOP024	FEE-FOR-SERVICE/D		D. T.	3.70.00			01/17/03
MODOC COUNTY	SUMMARY OF SERVIC	ES FOR 30 MN - SOC	- BLIND				
00					MON'		-
08 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000		OR DAYS OF CARE	05.10	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2 \$	25.19	\$ 12.60	.250 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OBUED INDABLEME	0	0	0.0	0.0	000	0.0	0.0

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25.19

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3.15

1.60

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ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

COMM HOSP OUTPATIENT TOTAL

2

1

0

0

0

CROSSOVERS/ALL OTH OUTPTNT	1	1		12.40		12.40	.125		12.40		1.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	12	\$	1,181.64	\$	98.47	1.500	\$	196.94	\$	147.71
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	12		1,181.64		98.47	1.500		196.94		147.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH	•	EPORT			DEC	2002	P.A	AGE 7,416
MOP024	FEE-FOR-SERVICE/DENTAL				, , , ,						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	30 MN	- SOC - B	LIND		AID C	CODE				. , .,
				=			- -				

					MONT	HLY AVERAGI	Ξ
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNI	TS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY PE	R ELIG	USER	ELIGIBLE

08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	12.40	\$ 12.40	.125 \$	12.40	\$ 1.55

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,417
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

MONTHLY AVERAGE									
121 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	153	1,095	\$	97,398.51	\$ 88.95	9.050	636.59	\$ 804.95	
@PHYSICIANS SERVICES	12	30	\$	1,347.39	\$ 44.91	.248	112.28	\$ 11.14	
OUTPATIENT VISITS	2	2		98.35	49.18	.017	49.18	.81	
OFFICE VISITS	0	0		.00	.00	.000	.00	.00	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1		68.35	68.35	.008	68.35	.56	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	1	1		30.00	30.00	.008	30.00	.25	
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	2		607.23		303.62	.017		607.23		5.02
PRINCIPAL SURGEON	1	1		505.96		505.96	.008		505.96		4.18
ASSISTANT SURGEON	1	1		101.27		101.27	.008		101.27		.84
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0		.00							
OUTPATIENT SURGERY	· ·					.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	n	0		.00		.00	.000		.00		.00
RADIOLOGY	3	5		161.19		32.24	.041		80.60		1.33
	2	0									
PSYCHIATRY	U			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	7	21		480.62		22.89	.174		68.66		3.97
@PHARMACY	111	497	\$	55,215.03	\$	111.10	4.107	\$	497.43	\$	456.32
PRESCRIPTION DRUGS	109	488		54,861.11		112.42	4.033		503.31		453.40
SNF/ICF	2	9		223.45		24.83	.074		111.73		1.85
OUTPATIENTS	107	479		54,637.66		114.07	3.959		510.63		451.55
				•							
MEDICAL SUPPLIES	4	9	_	353.92	_	39.32	.074	_	88.48	_	2.92
@DENTIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
ENDODONTICS	U	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	O		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ORTHODONTIC SERVICES	U	U		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 7,418
MOP024	FEE-FOR-SERVICE,	/DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 31 MN -	SOC	- DISABLED Al	ID CO	DDES 65 67	6W				
							M	ОМТІ	HIY AVERA	GE.	
121 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\17E	ERAGE COST					COST PER
121 88101888	OBERS			EXIENDITORES		R UNIT/DAY					
0.0000000000000000000000000000000000000		OR DAYS OF CARE		107 50					USER		ELIGIBLE
@OPTOMETRIST	8	13	\$	187.53	\$	14.43	.107	Ş	23.44	Ş	1.55
DIAGNOSTIC AND ANC. PROCED	2	3		47.45		15.82	.025		23.73		.39
EYE APPLIANCES	4	8		123.97		15.50	.066		30.99		1.02
OTHER OPTOMETRIC SERVICES	2	2		16.11		8.06	.017		8.06		.13
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0		.00	'	.00	.000		.00		.00
OTHER SERVICES	0	0		.00			.000		.00		.00
						.00					
@PODIATRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00		.00
MOLYOR WINFOILEDIDI	U	U	Ÿ	.00	Y	.00	.000	٧	.00	ٻ	.00

EXAMINATIONS

SERVICES AND MATERIALS

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NURSE MIDWIFE	Λ	0	\$.00	\$.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	- T	.00	\$.00	.000	Ś		Ś	.00
FAMILY NURSE PRACTITIONER	0	0		.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	2.4	142		4,901.46	\$	34.52	1.174		204.23		40.51
HOSP INPATIENT TOTAL	2	142	Τ.	1,442.44	۲	288.49	.041	۲	721.22	۲	11.92
	2	0		1,442.44		.00	.000		.00		.00
HSC HOSPITALS	0	•									
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ü		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	5		1,442.44		288.49	.041		721.22		11.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22	137		3,459.02		25.25	1.132		157.23		28.59
MEDICAL	2	7		163.91		23.42	.058		81.96		1.35
SURGERY	1	1		80.84		80.84	.008		80.84		.67
PATHOLOGY	4	18		164.86		9.16	.149		41.22		1.36
RADIOLOGY	4	12		607.65		50.64	.099		151.91		5.02
ROOM USE	3	5		182.69		36.54	.041		60.90		1.51
CROSSOVERS/ALL OTH OUTPINT	20	94		2,259.07		24.03	.777		112.95		18.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Ö		.00		.00	.000		.00		.00
PATHOLOGY	0	n		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI_CAI CEDVIC	-		ONTH-OF-PAYMENT F				DEC		D.7	AGE 7,419
MOP024	FEE-FOR-SERVICE		IOKES M	ONIH-OF-FAIMENI F	KEFOR	I FOR JAN 2	2002 IRKO	DEC	2002	I F	01/17/03
			n coc	DICADIED 7	N T D C	ODEC CE CZ	CTAT				01/1//03
MODOC COUNTY	SUMMAKI OF SERV	ILES FOR 31 M	IIV - 50C	- DISABLED A	AID C	ODE2 02 01	оw М	ייחדות∩	ערייינוע עדע	CE.	
121 FITCIDIES	HOEDO	INTEC OF CERT	TOE	EADENDIMIDEC	71 7 7	EDACE COCE					
121 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES		ERAGE COST					COST PER
OCOMMUNITARY HOODITARY MCTAT	0.4	OR DAYS OF C		4 001 46		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	142	\$	4,901.46	\$	34.52	1.174	Ş	204.23	P	40.51

					MON	THLY AVERA	∍E
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
24	142	\$	4,901.46	\$ 34.52	1.174 \$	204.23	\$ 40.51
2	5		1,442.44	288.49	.041	721.22	11.92
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
2	5		1,442.44	288.49	.041	721.22	11.92
0	0		.00	.00	.000	.00	.00
		OR DAYS OF CARE	OR DAYS OF CARE	OR DAYS OF CARE 24	OR DAYS OF CARE 24 142 5 4,901.46 \$ 34.52 2 5 1,442.44 288.49 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE PER UNITS DAYS PER UNITDAY PER ELIG PER UNITDAY PER UN	USERS UNITS OF SERVICE OR DAYS OF CARE 142 \$ 4,901.46 \$ 34.52 1.174 \$ 204.23 2 5 1,442.44 288.49 .041 721.22 0 0 0 .00 .00 .000 .000 0 0 0 .00 .00 .

COMM HOSP OUTPATIENT TOTAL	22	137		3,459.02		25.25	1.132		157.23		28.59
MEDICAL	2	7		163.91		23.42	.058		81.96		1.35
SURGERY	1	1		80.84		80.84	.008		80.84		.67
PATHOLOGY	4	18		164.86		9.16	.149		41.22		1.36
RADIOLOGY	A	12		607.65		50.64	.099		151.91		5.02
	3										
ROOM USE	-	5		182.69		36.54	.041		60.90		1.51
CROSSOVERS/ALL OTH OUTPTNT		94		2,259.07		24.03	.777		112.95		18.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	143	\$	26,542.88	\$	185.61	1.182	\$	5308.58	\$	219.36
LEV A-INTERMEDIATE	0	0	·	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B KEHAD MD LEV B-SUBACUTE FREESTANDING	O	0		.00		.00	.000		.00		.00
	. 0	0									
LEV B-SUBACUTE HSPTL BASED	U			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	143		26,542.88		185.61	1.182		5308.58		219.36
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ġ	.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	٧	.00	Y	.00
	0	•									
HEMODIALYSIS CENTER	U	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	9	\$	105.49	\$	11.72	.074	\$	26.37	\$.87
PATHOLOGY	2	6		94.96		15.83	.050		47.48		.78
XO AND OTHERS	2	3		10.53		3.51	.025		5.27		.09
@ORGANIZED OUTPATIENT CLINIC	54	101	Ś	7,310.81	\$	72.38	.835	\$	135.39	\$	60.42
-	0	0	Y	.00	Y	.00	.000	٧	.00	Y	
CLINIC	0										.00
SURGICENTER	U	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	54	101		7,310.81		72.38	.835		135.39		60.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 7,420
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 31 MN -	- SOC	- DISABLED AI	ED CC	DES 65 67	6W				
							M	ONT	HIY AVERA	GE.	
121 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	Δ175	RAGE COST			COST PER		COST PER
121 EDIGIDDES	OBERB	OR DAYS OF CARE		EXIENDITONES		R UNIT/DAY			USER		ELIGIBLE
CALL OWNED DROUTDEDG	1.7			1 707 00							-
@ALL OTHER PROVIDERS	17	160	\$	1,787.92	\$	11.17	1.322	Ş	105.17	Ş	14.78
DURABLE MED. EQUIP.	1	1		122.58		122.58	.008		122.58		1.01
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	128		643.55		5.03	1.058		321.78		5.32
AMBULANCES/AIR TRANS	1	9		146.60		16.29	.074		146.60		1.21
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	119		496.95		4.18	.983		496.95		4.11
	0	0		.00			.000		.00		
ACUPUNCTURE	0					.00					.00
ADULT DAY HEALTH CARE CTR	· ·	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	4	7		104.62		14.95	.058		26.16		.86
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	-	•					· · · · ·				

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	24	917.17	38.22	.198	83.38	7.58
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	38	258	\$ 7,001.23	\$ 27.14	2.132	\$ 184.24	\$ 57.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,421 MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	THLY AVERA	GE
35 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	31	180	\$	15,807.24	\$ 87.82	5.143 \$	509.91	\$ 451.64
@PHYSICIANS SERVICES	8	12	\$	1,270.48	\$ 105.87	.343 \$	158.81	\$ 36.30
OUTPATIENT VISITS	3	4		130.14	32.54	.114	43.38	3.72
OFFICE VISITS	3	4		130.14	32.54	.114	43.38	3.72
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
INPATIENT VISITS	0	0		.00		.00	.000				.00
HOSPITAL VISITS	0	U							.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		49.55		24.78	.057		24.78		1.42
EXAMINATIONS	2	2		49.55		24.78	.057		24.78		1.42
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	2		797.21		398.61	.057		398.61		22.78
PRINCIPAL SURGEON	2	2		797.21		398.61	.057		398.61		22.78
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		94.68		47.34	.057		94.68		2.71
RADIOLOGY	1	1		117.14		117.14	.029		117.14		3.35
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		81.76		81.76	.029		81.76		2.34
@PHARMACY	14	35	\$	1,556.20	\$	44.46	1.000	\$	111.16	\$	44.46
PRESCRIPTION DRUGS	14	34		1,480.90		43.56	.971		105.78		42.31
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	14	34		1,480.90		43.56	.971		105.78		42.31
MEDICAL SUPPLIES	1	1		75.30		75.30	.029		75.30		2.15
@DENTIST	1	19	\$	725.00	\$	38.16	.543	\$	725.00	\$	20.71
VISITS - DIAGNOSTIC	1	11		.00		.00	.314		.00		.00
ORAL SURGERY	1	6		275.00		45.83	.171		275.00		7.86
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.029		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		450.00		450.00	.029		450.00		12.86
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	•	RES 1		EPORT			DEC		PΔ	GE 7,422
MOP024	FEE-FOR-SERVICE/DENT		1.00			2010 01110	2002 111110	220	2002		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES		- 500	C - FAMILIES AID CO	ODE 5	R 6R 37					01/1//00
110200 0001111	DOLLING OF DERVICED	101(02 PHV	500	C 111111111111111111111111111111111111	о <i>р</i> п	1. 01. 07				C T	

----- MONTHLY AVERAGE -----35 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 1 \$ 47.45 \$ 47.45 .029 \$ 47.45 \$ 1.36 DIAGNOSTIC AND ANC. PROCED 1 47.45 47.45 .029 47.45 1.36 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 \$.00 .00 \$.000 \$.00 @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 .000 0 OTHER SERVICES 0 .00 .00 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0										
OTHER	•	0		.00		.00	.000		.00	_	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$		\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	75	\$	8,088.27	\$	107.84	2.143	\$	539.22	\$	231.09
HOSP INPATIENT TOTAL	1	2		5,328.33		2664.17	.057		5328.33		152.24
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		5,328.33		2664.17	.057		5328.33		152.24
ACCOMMODATIONS	1	2		585.00		292.50	.057		585.00		16.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	U	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ţ	2		585.00		292.50	.057		585.00		16.71
ANCILLARIES	1	0		4,743.33		.00	.000		4743.33		135.52
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14	73		2,759.94		37.81	2.086		197.14		78.86
MEDICAL	2	5		42.63		8.53	.143		21.32		1.22
SURGERY	0	0		9.61		.00	.000		.00		.27
PATHOLOGY	9	28		248.43		8.87	.800		27.60		7.10
RADIOLOGY	7	14		1,781.45		127.25	.400		254.49		50.90
ROOM USE	1	8		356.38		44.55	.229		89.10		10.18
	4			321.44							9.18
CROSSOVERS/ALL OTH OUTPINT	4	18	~		<u> </u>	17.86	.514	<u> </u>	80.36	<u> </u>	
@COUNTY HOSPITAL TOTAL	U	0	\$.00	\$.00	.000	۶	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT R	REPOR	T FOR JAN 2	2002 THRU 1	DEC	2002	P.	AGE 7,423
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MODOC COUNTY		VICES FOR 32 MN -	SOC	- FAMILIES AID C	ODE	5R 6R 37					
							MO	ТИС	HLY AVERA	GE	
35 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AΝ	ERAGE COST					COST PER
11 1101110	00210	OR DAYS OF CARE				R UNIT/DAY		-	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	75	\$	8,088.27		107.84	2.143	Ś			231.09
COMM HOSP INPATIENT TOTAL	1	2	Y	5,328.33	Y	2664.17	.057	Y	5328.33	۲	152.24
				•							
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0		.00 5 328 33		.00 2664 17	.000		.00		.00 152 24
MONERSC HOSPITALS TOTAL		/		n 1/2 11		/hh4 /	115/		コイノス イイ		13///

0 2

5,328.33

585.00

2664.17

292.50

.057

.057

5328.33

585.00

152.24

16.71

1

NON-HSC HOSPITALS TOTAL

ACCOMMODATIONS

ADMINITORD ARTITL DAVIG	<u>^</u>	0		0.0		0.0	000		0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		585.00		292.50	.057		585.00		16.71
ANCILLARIES	1	0		4,743.33		.00	.000		4743.33		135.52
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	73		2,759.94		37.81	2.086		197.14		78.86
MEDICAL	2	5		42.63		8.53	.143		21.32		1.22
SURGERY	0	0		9.61		.00	.000		.00		.27
PATHOLOGY	9	28		248.43		8.87	.800		27.60		7.10
RADIOLOGY	7	14		1,781.45		127.25	.400		254.49		50.90
ROOM USE	4	8		356.38		44.55	.229		89.10		10.18
CROSSOVERS/ALL OTH OUTPTNT	4	18		321.44		17.86	.514		80.36		9.18
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	16	\$	191.35	\$	11.96	.457	\$	47.84	\$	5.47
PATHOLOGY	4	16	·	191.35	·	11.96	.457	·	47.84	·	5.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	22	\$	3,928.49	\$	178.57	.629	\$	302.19	\$	112.24
CLINIC	0	0		.00	·	.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	22		3,928.49		178.57	.629		302.19		112.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MOI	•	EPORT			DEC		P	AGE 7,424
MOP024	FEE-FOR-SERVICE/DENTAL			,							01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	R 32 MN	- SOC ·	- FAMILIES AID CO	ODE 5	R 6R 37					, _ , , 30
* * * * * * * * * * * * * * * * *						/					

----- MONTHLY AVERAGE -----35 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 \$ @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .00 .000 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .000 ACUPUNCTURE .00 .00 .00 .00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,425 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MOI	NTHLY AVERA	GE
345 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
*** ======		OR DAYS OF CARE		PER UNIT/DAY	, -	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	419	2 , 758 \$	241,577.99	\$ 87.59	7.994	\$ 576.56	
@PHYSICIANS SERVICES	29	65 \$	3,647.37	\$ 56.11	.188	\$ 125.77	\$ 10.57
OUTPATIENT VISITS	5	6	228.49	38.08	.017	45.70	.66
OFFICE VISITS	3	4	130.14	32.54	.012	43.38	.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.003	68.35	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.003	30.00	.09
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	49.55	24.78	.006	24.78	.14
EXAMINATIONS	2	2	49.55	24.78	.006	24.78	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	607.23	303.62	.006	607.23	1.76
PRINCIPAL SURGEON	1	1	505.96	505.96	.003	505.96	1.47
ASSISTANT SURGEON	1	1	101.27	101.27	.003	101.27	.29
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	797.21	398.61	.006	398.61	2.31
PRINCIPAL SURGEON	2	2	797.21	398.61	.006	398.61	2.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	94.68	47.34	.006	94.68	.27

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY 3 6 278.33 46.39 .017 92.78	.81
PSYCHIATRY 0 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 17 45 1,591.88 35.38 .130 93.64	4.61
@PHARMACY 289 1,044 \$ 82,503.55 \$ 79.03 3.026 \$ 285.48 \$ 2	39.14
PRESCRIPTION DRUGS 286 1,032 81,908.45 79.37 2.991 286.39 2	37.42
SNF/ICF 18 95 3,013.72 31.72 .275 167.43	8.74
OUTPATIENTS 274 937 78,894.73 84.20 2.716 287.94 2	28.68
MEDICAL SUPPLIES 7 12 595.10 49.59 .035 85.01	1.72
@DENTIST 6 31 \$ 725.00 \$ 23.39 .090 \$ 120.83 \$	2.10
VISITS - DIAGNOSTIC 3 14 .00 .00 .041 .00	.00
ORAL SURGERY 2 7 275.00 39.29 .020 137.50	.80
DRUGS 0 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00 .00	.00
PERIODONTICS 0 0 .00 .00 .00 .00	.00
ENDODONTICS 0 0 .00 .00 .00 .00 .00	.00
RESTORATIVE DENTISTRY 3 8 .00 .00 .023 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
DENTURES, STAYPLATES 1 1 450.00 450.00 .003 450.00	1.30
SPACE MAINTAINERS 0 0 .00 .00 .00 .00	.00
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00	.00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00	.00
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00	.00
ALL OTHER SERVICES 1 1 .00 .00 .003 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE	7,426
MOP024 FEE-FOR-SERVICE/DENTAL 0	L/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	
MONTHLY AVERAGE	

						MON	ILLLI AVEKA	GE
345 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	18	27	\$	580.89	\$ 21.51	.078 \$	32.27	\$ 1.68
DIAGNOSTIC AND ANC. PROCED	4	5		142.35	28.47	.014	35.59	.41

EYE APPLIANCES	9	19		310.33		16.33	.055		34.48		.90
OTHER OPTOMETRIC SERVICES	6	3		128.21		42.74	.009		21.37		.37
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	1.82	\$	1.82	.003	\$	1.82	\$.01
MEDICINE/INJECTIONS	0	0	·	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		1.82		1.82	.003		1.82		.01
@HOME HEALTH AGENCY	0	0	ċ	.00	ċ	.00		Ċ		Ċ	
	0		\$		ې د		.000			\$.00
NURSE ANESTHESIST	•	0	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	75	410	\$	20,786.03	\$	50.70	1.188	\$	277.15	\$	60.25
HOSP INPATIENT TOTAL	8	26		9,400.86		361.57	.075		1175.11		27.25
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		5,328.33	2	2664.17	.006		5328.33		15.44
ACCOMMODATIONS	1	2		585.00		292.50	.006		585.00		1.70
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		585.00		292.50	.006		585.00		1.70
	1	0									
ANCILLARIES	1			4,743.33		.00	.000		4743.33		13.75
INPATIENT CROSSOVERS	/	24		4,072.53		169.69	.070		581.79		11.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	69	384		11,385.17		29.65	1.113		165.00		33.00
MEDICAL	5	13		219.33		16.87	.038		43.87		.64
SURGERY	1	1		90.45		90.45	.003		90.45		.26
PATHOLOGY	13	46		413.29		8.98	.133		31.79		1.20
RADIOLOGY	11	26		2,389.10		91.89	.075		217.19		6.92
ROOM USE	7	13		539.07		41.47	.038		77.01		1.56
CROSSOVERS/ALL OTH OUTPINT	56	285		7,733.93		27.14	.826		138.11		22.42
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	Ö	т.	.00	7	.00	.000	-	.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
ACCOMMODATIONS	0	0					.000		.00		.00
ADMINISTRATIVE DAYS	0	-		.00		.00	.000				.00
TRANSITIONAL IP CARE	g .	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	•	IRES MO		TPOPT			DFC		DΛ	GE 7,427
MOP024		127 T. T.I.I.D. T. T. C	ALCE O INC	NIII OF EATHENT RE	71.01/1	FOR UAN 20	JZ 1111KU	טייט	2002	ĽΑ	01/17/03
	FEE-FOR-SERVICE/DENTAL	22 1477	\T	A MEEDY COC							01/1//03
MODOC COUNTY	SUMMARY OF SERVICES FOR	. SS MEL)т С И ПГ)	I NEEDI - SOC				M∪vim	HIY AVERA	CF -	

		OR DAYS OF CAR	Ξ		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	410	\$	20,786.03	\$	50.70	1.188		277.15		60.25
COMM HOSP INPATIENT TOTAL	8	26		9,400.86		361.57	.075		1175.11		27.25
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		5,328.33		2664.17	.006		5328.33		15.44
ACCOMMODATIONS	1	2		585.00		292.50	.006		585.00		1.70
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		585.00		292.50	.006		585.00		1.70
ANCILLARIES	1	0		4,743.33		.00	.000		4743.33		13.75
INPATIENT CROSSOVERS	7	24		4,072.53		169.69	.070		581.79		11.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	69	384		11,385.17		29.65	1.113		165.00		33.00
MEDICAL	5	13		219.33		16.87	.038		43.87		.64
SURGERY	1	1		90.45		90.45	.003		90.45		.26
PATHOLOGY	13	4 6		413.29		8.98	.133		31.79		1.20
RADIOLOGY	11	26		2,389.10		91.89	.075		217.19		6.92
ROOM USE	7	13		539.07		41.47	.038		77.01		1.56
CROSSOVERS/ALL OTH OUTPTNT	56	285		7,733.93		27.14	.826		138.11		22.42
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	640	\$	110,131.52	\$	172.08	1.855	\$	4588.81	\$	319.22
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	24	640		110,131.52		172.08	1.855		4588.81		319.22
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Þ	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	10	29	\$.00 324.86	\$.00 11.20	.000	ċ	.00 32.49	ċ	.00 .94
@LABORATORY FACILITY PATHOLOGY	6	22	Ą	286.31	Ą	13.01	.064	Ą	47.72	Ą	.83
XO AND OTHERS	4	7		38.55		5.51	.020		9.64		.11
@ORGANIZED OUTPATIENT CLINIC	136	260	\$	17,704.70	\$	68.10	.754	Ċ	130.18	Ċ	51.32
CLINIC CLINIC	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	136	260		17,704.70			.754		130.18		51.32
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R						P	AGE 7,428
MOP024	FEE-FOR-SERVICE				DI OI	1 1010 02110 2	2002 11110	рцс	2002	Δ.	01/17/03
MODOC COUNTY		VICES FOR 33 MED	CAT.T.	Y NEEDY - SOC							01/1//00
110200 000111	COLUMN CL CELL	1010 1010 30 1110		T WEED! SOO			M	ОИТ	HLY AVERA	GE	
345 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	42	251		5,172.25					123.15		
DURABLE MED. EQUIP.	2	3		206.09	'	68.70		•	103.05	•	.60
BLOOD BANK	0	0		.00		.00	.000		.00		.00

MEDICAL TRANSPORTATION 3	HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
OTHER TRANS O	MEDICAL TRANSPORTATION	3	161	1,511.31	9.39	.467	503.77	4.38
OTHER SERVICES 2 152 1,364.71 8.98 .441 682.36 3.96 ACUPUNCTURE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	AMBULANCES/AIR TRANS	1	9	146.60	16.29	.026	146.60	.42
ACUPUNCTURE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER TRANS	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER SERVICES	2	152	1,364.71	8.98	.441	682.36	3.96
GENETIC DISEASE TESTING 0 0 0 0.00 0.00 0.00 0.00 0.00 1.00 1.	ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 OPTICIAN 8 15 199.50 13.30 .043 24.94 .58 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 .00	GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
OPTICIAN 8 15 199.50 13.30 .043 24.94 .58 PHYSICAL THERAPIST 0 0 .00	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 .00	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 0 0 .00	OPTICIAN	8	15	199.50	13.30	.043	24.94	.58
PROSTHETIST/ORTHOTISTS 0 0 .00	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS 0 0 .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 .00 </td <td>PROSTHETIST/ORTHOTISTS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 6 16 1,746.88 109.18 .046 291.15 5.06 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 6 16 1,746.88 109.18 .046 291.15 5.06 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 <td>ORTHOTICS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00 <t< td=""><td>PSYCHOLOGIST</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	6	16	1,746.88	109.18	.046	291.15	5.06
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 25 56 1,508.47 26.94 .162 60.34 4.37 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00 \$.00	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 25 56 1,508.47 26.94 .162 60.34 4.37 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	25	56	1,508.47	26.94	.162	60.34	4.37
@XOVER EXCLUDING STATE HOSP** 102 534 \$ 17,921.74 \$ 33.56 1.548 \$ 175.70 \$ 51.95	@CALIF. CHILDREN SERVICES*	0	0	\$	\$.00	.000	\$	\$.00
	@XOVER EXCLUDING STATE HOSP**	102	534	\$ 17,921.74	\$ 33.56	1.548	\$ 175.70	\$ 51.95

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,429
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

PIODOC COONTI	DOMINANT OF DEIN	MIN FC MOI GEOLV.	штио	AGED	AID CO	טטט		
						MON	ITHLY AVERA	GE
702 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	722	24,542	\$	3,550,026.26	\$ 144.65	34.960 \$	4916.93	\$ 5057.02
@PHYSICIANS SERVICES	55	155	\$	1,230.10	\$ 7.94	.221 \$	22.37	\$ 1.75
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	55	155		1,230.10		7.94	.221		22.37		1.75
@PHARMACY	590	3,127	\$	170,677.90	\$	54.58	4.454	Ċ	289.28	Ċ	243.13
	588	3,110	۲	169,716.59	۲	54.57	4.434	ې	288.63	۲	241.76
PRESCRIPTION DRUGS		•									
SNF/ICF	554	2,843		153,852.03		54.12	4.050		277.71		219.16
OUTPATIENTS	80	267		15,864.56		59.42	.380		198.31		22.60
MEDICAL SUPPLIES	2	17		961.31		56.55	.024		480.66		1.37
@DENTIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	0	0				.00	.000				.00
ORTHODONTIC SERVICES	0	0		.00					.00		
ALL OTHER SERVICES	0	0	DEG M	.00		.00	.000	DEC	.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICES	AND EXPENDITUR	RES MO		EPORT	.00	.000	DEC	.00	P.	.00 AGE 7,430
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/D	AND EXPENDITUE ENTAL		.00 ONTH-OF-PAYMENT RE	EPORT	.00 FOR JAN 2	.000 2002 THRU	DEC	.00	P.	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICES	AND EXPENDITUE ENTAL		.00 ONTH-OF-PAYMENT RE	EPORT	.00	.000 2002 THRU		2002		.00 AGE 7,430 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC	AND EXPENDITUE DENTAL CES FOR 34 MN -	- LTNO	.00 ONTH-OF-PAYMENT RE G - AGED		.00 FOR JAN 2	.000 2002 THRU DDE M	ONT	.00 2002 HLY AVERA	.GE	.00 AGE 7,430 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE	AND EXPENDITUE ENTAL	- LTNO	.00 ONTH-OF-PAYMENT RE	AVE	.00 FOR JAN 2 AID CO	.000 2002 THRU DDE M UNITS/DAY	ONT:	.00 2002 HLY AVERA COST PER	.GE	.00 AGE 7,430 01/17/03 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVIC	AND EXPENDITUE DENTAL CES FOR 34 MN -	- LTNO	.00 ONTH-OF-PAYMENT RE G - AGED	AVE	.00 FOR JAN 2 AID CO CRAGE COST UNIT/DAY	.000 2002 THRU DDE M UNITS/DAY PER ELIG	ONT:	.00 2002 HLY AVERA COST PER USER	.GE	.00 AGE 7,430 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVIC	S AND EXPENDITURED ENTAL CES FOR 34 MN -	- LTNO	.00 ONTH-OF-PAYMENT RE G - AGED	AVE	.00 FOR JAN 2 AID CO	.000 2002 THRU DDE M UNITS/DAY	ONT:	.00 2002 HLY AVERA COST PER	.GE	.00 AGE 7,430 01/17/03 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVIC	S AND EXPENDITURED ENTAL CES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE	- LTNO E	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES	AVE PER	.00 FOR JAN 2 AID CO CRAGE COST UNIT/DAY	.000 2002 THRU DDE M UNITS/DAY PER ELIG	ONT:	.00 2002 HLY AVERA COST PER USER	.GE	.00 AGE 7,430 01/17/03 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U	S AND EXPENDITURED ENTAL CES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 32	- LTNO E	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05	AVE PER	.00 FOR JAN 2 AID CO GRAGE COST UNIT/DAY 18.75	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046	ONT:	.00 2002 HLY AVERA COST PER USER 35.30	.GE	.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 17 0	S AND EXPENDITURE CENTAL CES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 32 0	- LTNO E	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00	AVE PER	.00 FOR JAN 2 AID CO GRAGE COST UNIT/DAY 18.75 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000	ONT:	.00 2002 HLY AVERA COST PER USER 35.30 .00	.GE	.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 17 0	S AND EXPENDITURE CENTAL CES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 32 0 23	- LTNO E E \$.00 CONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84	AVE PER	.00 FOR JAN 2 AID CO GRAGE COST UNIT/DAY 18.75 .00 17.25	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013	ONT:	.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS 17 0 10 7	S AND EXPENDITURE CENTAL CES FOR 34 MN - VINITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0	- LTNO E	.00 CONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00	AVE PER \$.00 FOR JAN 2 AID CO CRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013	ONT:	.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS 17 0 10 7	S AND EXPENDITURE CENTAL CES FOR 34 MN - VINITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0	- LTNO E E \$.00 CONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO GRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000	ONT:	.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS USERVICES 17 0 10 10 7 0 0 0	S AND EXPENDITURE CENTAL CES FOR 34 MN - VINITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0	- LTNO E E \$.00 CONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00	AVE PEF \$.00 FOR JAN 2 AID CO GRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS 17 0 10 7	S AND EXPENDITURE CENTAL CES FOR 34 MN - VINITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0	- LTNO E E \$.00 CONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO GRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS USERVICES 17 0 10 10 7 0 0 0	S AND EXPENDITURE CENTAL CES FOR 34 MN - VINITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0 0 0	- LTNO E E \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00	AVE PEF \$.00 FOR JAN 2 AID CO GRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0	S AND EXPENDITURE CENTAL CES FOR 34 MN - VINITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0	- LTNO E E \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00	AVE PEF \$.00 FOR JAN 2 AID CO GRAGE COST R UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL CES FOR 34 MN - INITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0 0 0 0	- LTNO E E \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00	AVE PEF \$.00 FOR JAN 2 AID CO CRAGE COST R UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL DESTRUCT DESTRUCT OR DAYS OF CARR 32 0 23 9 0 0 0 0 0 0 0 0	- LTNC E \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 FOR JAN 2 AID CO CRAGE COST R UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000	ONT: \$ \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00	GE \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL DESTRUCT DESTR	- LTNC E \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$.00 FOR JAN 2 AID CO CRAGE COST R UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000 .000	ONT S \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00	GE \$ \$ \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL DESTRUCT DESTR	- LTNC E \$ \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 FOR JAN 2 AID CO CRAGE COST R UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000 .000	ONT S \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00	GE \$ \$ \$ \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL CES FOR 34 MN - INITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0 0 0 0 0 0 0 0 0 0	- LTNC E \$ \$ \$ \$.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$ \$.00 FOR JAN 2 AID CO CRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000 .000	ONT: \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00 .00	GE \$ \$ \$ \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL CES FOR 34 MN - INITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNC	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$.00 PFOR JAN 2 AID CO CRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000 .000	ONT: \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00 .00	GE \$ \$ \$ \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL CES FOR 34 MN - INITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNC	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVER PES S S S SSSSS	.00 FOR JAN 2 AID CO CRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000 .000	ONT.	.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS 17 0 10 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL CES FOR 34 MN - INITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0 0 0 0 0 0 177	- LTNC	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$ \$.00 PFOR JAN 2 AID CO CRAGE COST R UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000 .000	ONT: \$.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00 .00 .00 .00	GE \$ \$ \$ \$.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS 17 0 10 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL CES FOR 34 MN - INITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0 0 0 0 177 59	- LTNC	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVER PES S S S SSSSS	.00 FOR JAN 2 AID CO CRAGE COST UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000 .000	ONT.	.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY 702 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICES FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS 17 0 10 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURE DENTAL CES FOR 34 MN - INITS OF SERVICE OR DAYS OF CARE 32 0 23 9 0 0 0 0 0 0 0 0 177	- LTNC	.00 ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 600.05 .00 396.84 203.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVER PES S S S SSSSS	.00 PFOR JAN 2 AID CO CRAGE COST R UNIT/DAY 18.75 .00 17.25 22.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .046 .000 .033 .013 .000 .000 .000 .000 .000	ONT.	.00 2002 HLY AVERA COST PER USER 35.30 .00 39.68 29.03 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 7,430 01/17/03 COST PER ELIGIBLE .85 .00 .57 .29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

OUTPATIENT SURGERY

PRINCIPAL SURGEON

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NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	59	7,279.47	123.38	.084	808.83	10.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	118	4,382.78	37.14	.168	104.35	6.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	42	118	4,382.78	37.14	.168	104.35	6.24
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MODOC COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

MODOC COONII	SOMMAN OF SERV	ICES FOR 54 PIN	штио	AGED		AID C	JDE			~-	
700 BLIGIDIBS	HOEDO	INTEG OF SERVICE			71700	7.00 0000	M				
702 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
0.000,000,000,000,000,000,000,000,000,0	F 1	OR DAYS OF CARE	Ś	11 660 05			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	51	177	\$	11,662.25		65.89	.252	\$		\$	
COMM HOSP INPATIENT TOTAL	9	59		7,279.47		123.38	.084		808.83		10.37
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 59		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	59		7,279.47		123.38	.084		808.83		10.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	42	118		4,382.78		37.14	.168		104.35		6.24
MEDICAL	9 0 42 0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	42	118		4,382.78		37.14	.168		104.35		6.24
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0 673 0	20,462	\$	3,341,665.88	\$	163.31		\$	4965.33	\$	4760.21
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 673 0	0 20,462		.00		.00	.000		.00		.00
LEV B-REGULAR	673	20,462		3,341,665.88		163.31	29.148		4965.33		4760.21
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
ICF DDH ICF DDH ICF DD ICF DDN/DDCN (HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER (REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	Ō	0	·	.00	·	.00	.000		.00	·	.00
XO AND OTHERS	0 288	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	288	495	\$	15,894.09	\$	32.11	.705	Ś	55.19	Ś	22.64
CLINIC	0	0	•	.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	288	495		15,894.09		32.11	.705		55.19		22.64
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MON	•	EPORT			DF.C		P	AGE 7,432
MOP024	FEE-FOR-SERVICE		0 11011	T. O. LITTIMINI IVI		1010 01110 1			2002	_	01/17/03
MODOC COUNTY		ICES FOR 34 MN -	LTNG	- AGED		AID C	ODE				01/1//00
110200 0001111	SOLUMINI OF SERVE	IOLO ION SI M	11110	11000		1111	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

					MON	THLY AVERAG	SE -	
702 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE
@ALL OTHER PROVIDERS	22	94 \$	8,295.99	\$ 88.26	.134 \$	377.09	\$	11.82
DURABLE MED. EQUIP.	4	16	7,475.55	467.22	.023	1868.89		10.65
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	46	166.27	3.61	.066	166.27		.24
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	1	46	166.27	3.61	.066	166.27		.24
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	10	20	268.05	13.40	.028	26.81		.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	3	4	161.45	40.36	.006	53.82		.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	4	8	224.67	28.08	.011	56.17		.32
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	160	370 \$	27,143.50	\$ 73.36	.527 \$	169.65	\$	38.67
<pre>@* TOTALS IN THESE LINES ARE G THE AMOUNTS ARE ALREADY INC</pre>	CLUDED IN THE APPRO	OPRIATE DETAIL LIN	NES ABOVE.					
** THESE DATA ARE INCLUDED IN							_	
			MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	002 THRU DE	C 2002	PA	GE 7,433
	FEE-FOR-SERVICE/DE							01/17/03
MODOC COUNTY	SUMMARY OF SERVICE	ES FOR 35 MN - L	ING - BLIND	AID CC			_	

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 12 434 \$ 63,673.25 \$ 146.71 36.167 \$ 5306.10 \$ 5306.10 @PHYSICIANS SERVICES 0 0 .00 \$.00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 INPATIENT VISITS 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSPITAL VISITS CRITICAL CARE 0 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	12	49	\$	4,521.35	\$ 92.27	4.083 \$	376.78	\$	376.78
PRESCRIPTION DRUGS	12	49	·	4,521.35	92.27	4.083	376.78		376.78
SNF/ICF	12	49		4,521.35	92.27	4.083	376.78		376.78
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		Ś	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO					D	AGE 7,434
MOP024	FEE-FOR-SERVICE		ES MO	NIH-OF-FAIMENI KE	EFORT FOR UAN 2	2002 IRKO DE	JC 2002	г	01/17/03
MODOC COUNTY		ICES FOR 35 MN -	T TIMC	- DITND	AID CO)DE			01/11/03
MODOC COONTI	SUMMARI OF SERV.	ICES FOR 33 MM -	птис	- PLIND	AID CC	MON	מחחות אניבטא	CE	
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	-	COST PER
12 FILGIBLES	OSEKS			EXPENDITORES		,	USER		ELIGIBLE
@OPTOMETRIST	0	OR DAYS OF CARE	\$.00	PER UNIT/DAY	PER ELIG .000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	۲	.00	.00	.000	.00	۲	.00
EYE APPLIANCES	0	0		.00		.000	.00		.00
	0	0		.00	.00		.00		.00
OTHER OPTOMETRIC SERVICES	Ü	U		.00	.00	.000	.00		.00

						0111		~_	
USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
	OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE O	OR DAYS OF CARE O	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAY. PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 \$.00 .00 .00 0 0 \$.00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 0 0 0 0 00 000 000 \$ 0 0 0 0 0 00 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000 000 \$ 000	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG USER COST PER PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MO					PAGE 7,435
MOP024	FEE-FOR-SERVICE/DENTAL		01 1111111111 111				01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	35 MN - T.TNO	G - BLIND	AID CO	DDE		01, 1., 00
	21111111 01 211111010 101			1110	MON'	THLY AVERAC	GE
12 ELIGIBLES	USERS UNITS (F SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		S OF CARE		PER UNIT/DAY		USER	ELIGIBLE
				,	-		

@COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 COMM HOSP INPATIENT TOTAL 0 0 .00 0 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 .00 .00 .00 TRANSITIONAL IP CARE 0 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 ANCILLARIES INPATIENT CROSSOVERS 0 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	364	\$ 58,019.08	\$ 159.39	30.333	\$ 4834.92	\$ 4834.92
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	364	58,019.08	159.39	30.333	4834.92	4834.92
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	21	\$ 1,132.82	\$ 53.94	1.750	\$ 125.87	\$ 94.40
CLINIC	0	0	.00	.00	.000	.00	.00

0 SURGICENTER 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 0 HEROIN DETOX CLINIC 0 9 21 1,132.82 53.94 1.750 125.87 94.40 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,436

01/17/03

FEE-FOR-SERVICE/DENTAL MODOC COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

					MON	THLY AVERAG	GE
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	1 \$	316.69	\$ 316.69	.083 \$	105.56	\$ 26.39
A* TOTALS IN THESE ITMES ADE (CIVEN AC A CEDAD	ATE THEODMATTON TTEM ON	TV.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,437 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

							MO	NTF	HLY AVERA	GE	
28 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	27	915	\$	141,009.15	\$	154.11	32.679	\$	5222.56	\$	5036.04
@PHYSICIANS SERVICES	8	15	\$	274.54	\$	18.30	.536	\$	34.32	\$	9.81
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	7	14			236.74		16.91	.500		33.82		8.46
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	7	14			236.74		16.91	.500		33.82		8.46
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1			37.80		37.80	.036		37.80		1.35
@PHARMACY	25	112		\$		\$	76.53	4.000	Ċ	342.86	ċ	306.12
	25 25	112		Ş		Ą	76.53	4.000	Ą	342.86	Ą	306.12
PRESCRIPTION DRUGS	25 25	109			8,571.47			3.893		336.96		300.86
SNF/ICF	25 1				8,423.98		77.28					
OUTPATIENTS	0	3			147.49		49.16	.107		147.49		5.27
MEDICAL SUPPLIES	0	0		^	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@DENTIST	•	0		\$.00	\$.00	.000	Ş	.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		'URE	S MON	TH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU 1	DEC	2002	PI	AGE 7,438
MOP024	FEE-FOR-SERVICE/	DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVI	CES FOR 36 MN	- 1	LTNG -	- DISABLED		AID CO	ODE				
								Mo				
28 ELIGIBLES	USERS	UNITS OF SERVI	CE		EXPENDITURES			UNITS/DAY:		COST PER	(COST PER
		OR DAYS OF CA	RE			PER	UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@OPTOMETRIST	2	5		\$	63.66	\$	12.73	.179	\$	31.83	\$	2.27
DIACNOSTIC AND ANC PROCED	Λ	0			0.0		$\cap \cap$	$\cap \cap \cap$		$\cap \cap$		$\cap \cap$

							1.14	OIVI	. 11111	ш	
28 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY:	S	COST PER	(COST PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@OPTOMETRIST	2	5	\$	63.66	\$	12.73	.179	\$	31.83	\$	2.27
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	2	3		42.85		14.28	.107		21.43		1.53
OTHER OPTOMETRIC SERVICES	1	2		20.81		10.41	.071		20.81		.74
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	Ś	.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	3	5 \$	398.18	\$	79.64	.179 \$	132.73		14.22
HOSP INPATIENT TOTAL	0	0	.00	۲	.00	.000	.00	۲	.00
	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0							
NON-HSC HOSPITAL TOTAL	•	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	U	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	U	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3	5	398.18		79.64	.179	132.73		14.22
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	1	2	17.23		8.62	.071	17.23		.62
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	3	380.95		126.98	.107	190.48		13.61
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	Υ	.00	.000	.00	۲	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0							
ACCOMMODATIONS	ŭ	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MOI		EPORT				PAG	E 7,439
MOP024	FEE-FOR-SERVICE								01/17/03
MODOC COUNTY		ICES FOR 36 MN - LTNG	- DISABLED		AID CC	DF.			01/1//00
HODGE COUNTY	DOIMMING OF DERIV	TODO TOR SO THE DING	DIGINDED		TIID CC	MON'	THT.Y AVERA	GE	
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	71750	ACE COST	UNITS/DAYS			ST PER
ZO EHIGIDHES	OSEKS	OR DAYS OF CARE	EXFENDITORES			PER ELIG	USER		IGIBLE
ACOMMINITY HOSPITAL TOTAL	3		398.18		79.64				14.22
@COMMUNITY HOSPITAL TOTAL				\$.179 \$		Ą	
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	5		398.18		79.64	.179		132.73		14.22
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		17.23		8.62	.071		17.23		.62
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTN	r 2	3		380.95		126.98	.107		190.48		13.61
@STATE HOSPITAL		0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0	۲	.00	٧	.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	27		\$		Ċ			ċ		<u>.</u>	
@NURSING FACILITY	0	767	Ş	130,776.53	\$	170.50	27.393	\$	4843.58	\$	4670.59
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	27	767		130,776.53		170.50	27.393		4843.58		4670.59
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	11.07	\$	11.07	.036	\$	11.07	\$.40
PATHOLOGY	1	1		11.07		11.07	.036		11.07		.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	897.06	\$	112.13	.286	\$	149.51	\$	32.04
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		897.06		112.13	.286		149.51		32.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	RES MON		REPORT			DEC		Р	AGE 7,440
MOP024	FEE-FOR-SERVICE/I										01/17/03
MODOC COUNTY	SUMMARY OF SERVI		- LTNG	- DISABLED		AID CC	DE				,,
110200 0001111		220 2011 00 1111	21110	21011212		1112 00		тиом	HLY AVERA	GE	
28 ELIGIBLES	USERS (JNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST				-	COST PER
20 221012220	oblito (OR DAYS OF CAR		DMI DIVDI I ORGO		UNIT/DAY	PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	16.64	\$	8.32	.071		16.64	\$.59
DURABLE MED. EQUIP.	0	0	Υ	.00	Υ	.00	.000	۲	.00	٧	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
AMBULANCES/AIR TRANS	0	•				.00					
OTHER TRANS	•	0		.00		.00	.000		.00		.00
OTHER SERVICES											
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.071	16.64	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	6	\$ 439.86	\$ 73.31	.214	\$ 87.97	\$ 15.71

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,441
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

						MON	ITHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DEC	2002	PAGE 7,442
MOP024	FEE-FOR-SERVICE/I	ENTAL					01/17/03
MODOC COUNTY	SUMMARY OF SERVIC	ES FOR 37 MN - LTNO	G - FAMILIES	DISCONT	IN		
					MONT		GE
00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST I		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	¢	.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	¢	.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ċ	.00	\$.00	.000 \$		\$.00
	0	0	د د				.00	
FAMILY NURSE PRACTITIONER	0	0	۶ \$.00				
@TOTAL HOSPITAL	-	•	Ş	.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	۲	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RI	EPORT FOR JAN	1 2002 THRU DE	C 2002	PAGE 7,443
MOP024	FEE-FOR-SERVICE							01/17/03
MODOC COUNTY		ICES FOR 37 MN -	LTNG	- FAMILIES	DISCO	NTIN		
			-			MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE	E		Ε	PER UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.0			.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.0	00	.00	.000		.00		.00
HSC HOSPITALS	0	0			0.0	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.0		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.0		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000		.00		.00
	0	0		.0		.00	.000		.00		.00
ALL OTHER ACCOM	0	0							.00		
ANCILLARIES	0			.0		.00	.000				.00
INPATIENT CROSSOVERS	U	0		.0		.00	.000		.00		.00
ALL OTHER INPATIENT	U	0		.0		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.0		.00	.000		.00		.00
MEDICAL	0	0		.0		.00	.000		.00		.00
SURGERY	0	0		.0	00	.00	.000		.00		.00
PATHOLOGY	0	0		.0	0.0	.00	.000		.00		.00
RADIOLOGY	0	0		.0	0.0	.00	.000		.00		.00
ROOM USE	0	0		.0	0.0	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.0	0.0	.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.0	00 \$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.0		.00	.000	·	.00		.00
DEVELOP. DISABLED	0	0		.0		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.0			.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	т	.0		.00	.000	т	.00	т	.00
LEV B-REHAB MD	0	0		.0		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.0		.00	.000		.00		.00
	0	0		.0		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	•									
LEV B-TRANSITIONAL IP CARE	U	0		.0		.00	.000		.00		.00
LEV B-REGULAR	U	0	_	.0		.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.0			.000	\$.00	\$.00
ICF DDH	0	0		.0		.00	.000		.00		.00
ICF DD	0	0		.0		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.0	0.0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.0		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.0	0.0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.0	0.0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.0	00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.0	0.0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.0	0.0	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.0	00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.0	0.0	.00	.000		.00		.00
XO AND OTHERS	0	0			00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.0			.000	\$.00	\$.00
CLINIC	0	0	т	.0		.00	.000	т	.00	т	.00
SURGICENTER	0	0		.0		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.0		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.0		.00			.00		.00
			DEC MO								
		ES AND EXPENDITUE	KES MO	NTH-OF-PAIMENT	r KEPC	ORT FOR JAN 2	UUZ THRU	DEC	2002	PF	
	FEE-FOR-SERVICE,										01/17/03
MODOC COUNTY	SUMMARY OF SERV.	ICES FOR 37 MN -	- L'I'NG	- FAMILIES				O 3 7 EE		~ =	
00							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURE							
_		OR DAYS OF CARE				PER UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$		00 \$.000			\$.00
DURABLE MED. EQUIP.	0	0			00	.00	.000		.00		.00
BLOOD BANK	0	0		.0	0.0	.00	.000		.00		.00

MEDICAL TRANSPORTATION 0 0 0 0 00 00 00 00 00 00 00 00 00 00	HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
OTHER TRANS OTHER SERVICES OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER TRANS	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR O O O O O O O O O O O O O O O O O O	OTHER SERVICES	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
OPTICIAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 .00	OPTICIAN	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS 0 0 .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .000 .000 .00 .000 .000	PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0 0 .0	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0 0 .00 <td>ORTHOTICS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00		0	0 \$					
	@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,445
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

110200 0001111	DOINING OF DEL	(VIOLO IOI(SO ILLDIOIIL	DI NUDDI DINO				
					MON	NTHLY AVERAG	E
742 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	761	25 , 891 \$	3,754,708.66	\$ 145.02	34.894 \$	4933.91	\$ 5060.25
@PHYSICIANS SERVICES	63	170 \$	1,504.64	\$ 8.85	.229 \$	23.88	\$ 2.03
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	14	236.74	16.91	.019	33.82	.32
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	14	236.74	16.91	.019	33.82	.32
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000)	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	56	156		1,267.90		8.13	.210		22.64		1.71
@PHARMACY	627	3,288 \$	_	183,770.72	\$	55.89	4.431	\$	293.10	\$	247.67
PRESCRIPTION DRUGS	625	3,271	_	182,809.41	•	55.89	4.408	3	292.50		246.37
SNF/ICF	591	3,001	_	166,797.36		55.58	4.044	ļ	282.23		224.79
OUTPATIENTS	81	270		16,012.05		59.30	.364	ļ.	197.68		21.58
MEDICAL SUPPLIES	2	17		961.31		56.55	.023	3	480.66		1.30
@DENTIST	0	0 \$.00	\$.00	.000) \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000)	.00		.00
ORAL SURGERY	0	0		.00		.00	.000)	.00		.00
DRUGS	0	0		.00		.00	.000)	.00		.00
ANESTHESIA	0	0		.00		.00	.000)	.00		.00
PERIODONTICS	0	0		.00		.00	.000)	.00		.00
ENDODONTICS	0	0		.00		.00	.000)	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000)	.00		.00
PROSTHETICS	0	0		.00		.00	.000)	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000)	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000)	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000)	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000)	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000)	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF	F-PAYMENT F	REPORT	FOR JAN	2002 THRU	J DEC	2002	PF	AGE 7,446
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MODOC COUNTY	SUMMARY OF SERV	ICES FOR 3	8 MEDIC	CALLY	Y NEEDY - LTNG			M	∩nm	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CE	
742 ELIGIBLES	USERS	UNITS OF S	PD1/ICE		EXPENDITURES	7/1/2	RAGE COST	M			.GĽ	COST PER
/42 ELIGIBLES	USERS	OR DAYS C			EXPENDITORES		RAGE COST			USER		ELIGIBLE
@OPTOMETRIST	19	OK DAIS C	37	\$	663.71	\$	17.94	.050		34.93	\$.89
DIAGNOSTIC AND ANC. PROCED	0		0	Ą	.00	Ą	.00	.000	Ą	.00	ې	.00
	12				439.69		16.91	.035		36.64		.59
EYE APPLIANCES	8		26				20.37			28.00		
OTHER OPTOMETRIC SERVICES	0		11 0	Ċ	224.02	Ċ		.015	Ċ		Ċ	.30
@CHIROPRACTOR	0		-	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	•		0	<u> </u>	.00	<u> </u>	.00	.000	à	.00	<u>^</u>	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	· ·		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	54		182	\$	12,060.43	\$	66.27	.245	\$	223.34	\$	16.25
HOSP INPATIENT TOTAL	9		59		7,279.47		123.38	.080		808.83		9.81
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9		59		7,279.47		123.38	.080		808.83		9.81
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	45		123		4,780.96		38.87	.166		106.24		6.44
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		2		17.23		8.62	.003		17.23		.02
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•		121		4,763.73		39.37	.163		108.27		6.42
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ċ	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	· ·		0	ې	.00	Ą	.00	.000	ې	.00	۲	.00
HSC HOSPITALS	. 0		0									
	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

MOP024 FEE-FOR-SERVICE/DENTAL MODOC COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

01/17/03

110200 0001111	5011111111 01 5211	.1020 1011 00 1125		.1 1.221 211.0				и∩ит	HLY AVERA	GE	
742 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	ΔVF	RAGE COST	UNITS/DA		COST PER		COST PER
712 001000	ООШКО	OR DAYS OF CAR		LZILINDITORED			Y PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	182	\$	12,060.43	\$	66.27	.245		223.34		16.25
COMM HOSP INPATIENT TOTAL	9	59	٧	7,279.47	۲	123.38	.080	Y	808.83	Y	9.81
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0							.00		
ACCOMMODATIONS	0	0		.00		.00	.000				.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	•			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	59		7,279.47		123.38	.080		808.83		9.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	45	123		4,780.96		38.87	.166		106.24		6.44
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		17.23		8.62	.003		17.23		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	44	121		4,763.73		39.37	.163		108.27		6.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	712	21,593	\$	3,530,461.49	\$	163.50	29.101	\$	4958.51	\$	4758.03
LEV A-INTERMEDIATE	0	, 0	•	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	712	21,593		3,530,461.49		163.50	29.101		4958.51		4758.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т	.00	т	.00	.000	Τ.	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	۲	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	1	\$	11.07	Ś	11.07	.000	ċ	11.07	Ś	.00
@LABORATORY FACILITY PATHOLOGY	1	1	Ą	11.07	Ş	11.07		\$	11.07	Þ	
	0	0					.001				.01
XO AND OTHERS	•		Ċ	.00	Ċ	.00		ċ	.00	Ċ	
@ORGANIZED OUTPATIENT CLINIC	303	524	\$	17,923.97	\$	34.21	.706	\$	59.16	\$	24.16
CLINIC	-	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	303	524		17,923.97		34.21	.706		59.16		24.16
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES M	IONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 7,448
MOP024	FEE-FOR-SERVIC	,									01/17/03
MODOC COUNTY	SUMMARY OF SER	VICES FOR 38 MED	ICALL	Y NEEDY - LTNG							

					PION	TIITI VARIVA	.01
742 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23	96 \$	8,312.63	\$ 86.59	.129 \$	361.42	\$ 11.20
DURABLE MED. EQUIP.	4	16	7,475.55	467.22	.022	1868.89	10.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	46	166.27	3.61	.062	166.27	.22
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	46	166.27	3.61	.062	166.27	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	22	284.69	12.94	.030	25.88	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	161.45	40.36	.005	53.82	.22
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8	224.67	28.08	.011	56.17	.30
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	168	377 \$	27,900.05	\$ 74.01	.508 \$	166.07	\$ 37.60
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPA	RATE INFORMATION ITEM ON	ILY;				
THE AMOUNTS ARE ALREADY INCLUI	DED IN THE A	PPROPRIATE DETAIL LINES	ABOVE.				
** THESE DATA ARE INCLUDED IN TH	HE APPROPRIAT	TE DETAIL LINES ABOVE.					
#CALTE DEDT OF HEALTH SERV MEI	T-CAL SERVIC	TES AND EXPENDITHIBES MON	TTH-OF-DAVMENT RE	TPORT FOR JAN 2	000 THRII DE	C 2002	PACE 7 449

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,449
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	HONTILL AVEICE							101	
1,066 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,056	27 , 067	\$	3,737,030.53	\$ 138.07	25.391	3538.85	\$	3505.66
@PHYSICIANS SERVICES	85	250	\$	3,588.70	\$ 14.35	.235	42.22	\$	3.37
OUTPATIENT VISITS	2	2		118.56	59.28	.002	59.28		.11
OFFICE VISITS	1	1		37.50	37.50	.001	37.50		.04
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		81.06	81.06	.001	81.06		.08
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	85	248		3,470.14		13.99	.233		40.83		3.26
@PHARMACY	825	3,952	\$	213,352.98	\$	53.99	3.707	\$	258.61	\$	200.14
PRESCRIPTION DRUGS	822	3,932		212,200.29		53.97	3.689		258.15		199.06
SNF/ICF	574	2,937		156,817.24		53.39	2.755		273.20		147.11
OUTPATIENTS	300	995		55,383.05		55.66	.933		184.61		51.95
MEDICAL SUPPLIES	5	20		1,152.69		57.63	.019		230.54		1.08
@DENTIST	5	12	\$.00	\$.00	.011	\$.00	\$.00
VISITS - DIAGNOSTIC	2	3		.00		.00	.003		.00		.00
ORAL SURGERY	1	1		.00		.00	.001		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	7		.00		.00	.007		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 7,450
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/17/03
MODOC COUNTY	SUMMARY OF SERVICES E	FOR 39 MEI	DICAL	LLY NEEDY - AGED							
							M	ONTE	HLY AVERA	GE -	

							110	7147		
1,066 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	32	62	\$	1,289.71	\$	20.80	.058	\$	40.30	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.003		47.45	.13
EYE APPLIANCES	20	48		817.18		17.02	.045		40.86	.77
OTHER OPTOMETRIC SERVICES	12	11		330.18		30.02	.010		27.52	.31
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	1	1	\$	1.82	\$	1.82	.001	\$	1.82	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	1	1		1.82		1.82	.001		1.82	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	106	444	\$ 23,222.21	\$ 52.30	.417	\$ 219.08	\$ 21.78
HOSP INPATIENT TOTAL	14	78	9,909.56	127.05	.073	707.83	9.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14	78	9,909.56	127.05	.073	707.83	9.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	94	366	13,312.65	36.37	.343	141.62	12.49
MEDICAL	0	0	59.10	.00	.000	.00	.06
SURGERY	1	1	23.89	23.89	.001	23.89	.02
PATHOLOGY	1	1	54.51	54.51	.001	54.51	.05
RADIOLOGY	3	3	1,239.31	413.10	.003	413.10	1.16
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	90	361	11,935.84	33.06	.339	132.62	11.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,451
MOP024	FEE-FOR-SERVICE/DENTA	J					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	OR 39 MEDICAL	LY NEEDY - AGED				
					1401707		2.0

MODOC COUNTY	SUMMARY OF SER	VICES FOR 39 MED	CALLY	NEEDY - AGED							
							M	ONT	HLY AVERA	GE	
1,066 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RΕ		PΕ	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	444	\$	23,222.21	\$.417	\$	219.08	\$	21.78
COMM HOSP INPATIENT TOTAL	14	78		9,909.56		127.05	.073		707.83		9.30
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	14	78		9,909.56		127.05	.073		707.83		9.30
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	94	366		13,312.65		36.37	.343		141.62		12.49
MEDICAL	0	0		59.10		.00	.000		.00		.06
SURGERY	1	1		23.89		23.89	.001		23.89		.02
PATHOLOGY	1	1		54.51		54.51	.001		54.51		.05
RADIOLOGY	3	3		1,239.31		413.10	.003		413.10		1.16
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	90	361		11,935.84		33.06	.339		132.62		11.20
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	'	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	696	21,097	\$	3,451,163.21	\$	163.59	19.791	\$	4958.57	Ś	3237.49
LEV A-INTERMEDIATE	0	, 0	'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	696	21,097		3,451,163.21		163.59	19.791		4958.57		3237.49
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Τ	.00	т	.00	.000	Τ.	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Υ	.00	.000	7	.00	Ψ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	25	\$	378.73	\$	15.15	.023	Ċ	54.10	Ċ	.36
PATHOLOGY	1	20	Y	346.69	Y	17.33	.019	Y	86.67	Y	.33
XO AND OTHERS	3	5		32.04		6.41	.005		10.68		.03
@ORGANIZED OUTPATIENT CLINIC	391	700	\$	30,713.41	\$	43.88	.657	¢		\$	28.81
CLINIC CLINIC	291	700	Y	.00	۲	.00	.000	ٻ	.00	۲	.00
CHIMIC	U	0		.00		.00	.000		.00		.00

.00 Ω 0 .00 .00 .000 .00 SURGICENTER .00 0 0 .00 HEROIN DETOX CLINIC .000 .00 .00 RURAL HEALTH CLINIC 700 30,713.41 43.88 .657 78.55 391 28.81 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,452 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

MONIBULLY ALTEDACE

					MON	ITHLY AVERAG	E
1,066 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	66	524 \$	13,319.76	\$ 25.42	.492	201.81	\$ 12.50
DURABLE MED. EQUIP.	7	27	8,320.52	308.17	.025	1188.65	7.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	79	1,034.03	13.09	.074	517.02	.97
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	79	1,034.03	13.09	.074	517.02	.97
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	37	497.81	13.45	.035	27.66	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	20	1,908.33	95.42	.019	212.04	1.79
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	361	1,559.07	4.32	.339	50.29	1.46
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	261	837 \$	42,781.06	\$ 51.11	.785 \$	163.91	\$ 40.13
		DAME THEODIAMEDI THEM					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,453
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE USERS 20 ELIGIBLES 64,880.08 \$ 144.82 22.400 \$ 3604.45 \$ 3244.00 @TOTAL, ALL PROVIDERS 18 448 \$.00 \$.00 .000 \$.00 \$.00 0 0 @PHYSICIANS SERVICES .00 .00 .000 \$
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000 0 Ω .00 .00 OUTPATIENT VISITS .00 0 0 .00 OFFICE VISITS 0 .00 .00 HOME VISITS 0 EMERGENCY ROOM 0 .00 .00 0 PREVENTIVE CARE .00 .00 .00 OB VISITS/COMPRE PERI .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0					.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0									
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	<u> </u>	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	12	49	\$,	\$	92.27	2.450	\$	376.78	\$	226.07
PRESCRIPTION DRUGS	12	49		4,521.35		92.27	2.450		376.78		226.07
SNF/ICF	12	49		4,521.35		92.27	2.450		376.78		226.07
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,454
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	R 40 MED	OICALL	Y NEEDY - BLIND							
							M	ONT	HLY AVERA	GE	
00 ========							/	~ .	~~~		~~~

20 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 0 0 \$.00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 0 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 .000 \$.00 \$.00 @CHIROPRACTOR 0 0 .00 .00 .000 .00 .00 VISITS 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$.00 \$ @PODIATRIST .00 .000 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	2	2 \$	25.19	\$ 12.60	.100 \$	12.60	•
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	•	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	25.19	12.60	.100	12.60	1.26
MEDICAL	Ţ	1	12.79	12.79	.050	12.79	.64
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	12.40	12.40	.050	12.40	.62
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 7,455
MOP024	FEE-FOR-SERVICE	,					01/17/03
MODOC COUNTY		ICES FOR 40 MEDICALLY	NEEDY - BLIND				
					MONT	HLY AVERA	GE
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2 \$	25.19	\$ 12.60	.100 \$	12.60	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	ŭ	ŭ	• 0 0	• • •		• • • •	• • •

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	25.19	12.60	.100	12.60	1.26
MEDICAL	1	1	12.79	12.79	.050	12.79	.64
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	12.40	12.40	.050	12.40	.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	364	\$ 58,019.08	\$ 159.39	18.200	\$ 4834.92	\$ 2900.95
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	364	58,019.08	159.39	18.200	4834.92	2900.95
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	33 \$	2,314.46	\$	70.14	1.650	\$ 154.30	\$	115.72
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	15	33	2,314.46		70.14	1.650	154.30		115.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	' FOR JAN	2002 THRU	DEC 2002	P.	AGE 7,456
MOP024	FEE-FOR-SERVICE/DE	ENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVICE	ES FOR 40 MEDICA	LLY NEEDY - BLIND						

00						TILL AVENAGI	
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	2 \$	329.09	\$ 164.55	.100 \$	82.27	\$ 16.45
OH MOMATO THE MUTCH THURS ARE STUD			T 11				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,457
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MON	ITHLY AVERA	ŒĔ	
397 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	430	4,226	\$	345,682.48	\$	81.80	10.645 \$	803.91	\$	870.74
APHYSICIANS SERVICES	73	175	Ś	7 173 70	Ś	40 99	441 5	98 27	Ś	18 07

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	23	37		989.62		26.75	.093		43.03		2.49
OFFICE VISITS	20	34		866.89		25.50	.086		43.34		2.18
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		92.73		46.37	.005		46.37		.23
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		30.00		30.00	.003		30.00		.08
INPATIENT VISITS	7	14		236.74		16.91	.035		33.82		.60
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	7	14		236.74		16.91	.035		33.82		.60
OPHTHALMOLOGICAL SERVICES	1	1		20.00		20.00	.003		20.00		.05
EXAMINATIONS	1	1		20.00		20.00	.003		20.00		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	2		607.23		303.62	.005		607.23		1.53
PRINCIPAL SURGEON	_ 1	1		505.96		505.96	.003		505.96		1.27
ASSISTANT SURGEON	1	1		101.27		101.27	.003		101.27		.26
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	10	22		2,093.73		95.17	.055		209.37		5.27
PRINCIPAL SURGEON	9	15		1,828.32		121.89	.038		203.15		4.61
ASSISTANT SURGEON	1	1		118.02		118.02	.003		118.02		.30
ANESTHESIOLOGIST	1	6		147.39		24.57	.015		147.39		.37
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1.3	19		78.36		4.12	.048		6.03		.20
RADIOLOGY	7	15		410.50		27.37	.038		58.64		1.03
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	9		1,557.27		173.03	.023		389.32		3.92
OTHER SERVICES/ALL X-OVERS	25	56		1,180.25		21.08	.141		47.21		2.97
@PHARMACY	359	2 , 162	\$	131,147.78	\$	60.66	5.446	ċ		\$	330.35
-	351	1,532	Ą	129,165.20	Ą	84.31	3.859	ş	367.99	ې	325.35
PRESCRIPTION DRUGS SNF/ICF	27	118		8,647.43		73.28	.297		320.28		21.78
OUTPATIENTS	325	1,414		120,517.77		85.23	3.562		370.82		303.57
MEDICAL SUPPLIES	21	630		1,982.58		3.15	1.587		94.41		4.99
	0	030	\$,	Ś			ċ	.00	ċ	.00
@DENTIST	0	0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
VISITS - DIAGNOSTIC	0	0		.00			.000		.00		.00
ORAL SURGERY	0	0				.00	.000		.00		
DRUGS	0	-		.00		.00	.000				.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	•		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	U	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MONT	H-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,458
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES F	OR 41 MED	ICALLY N	EEDY - DISABLE	ΞD						

----- MONTHLY AVERAGE -----397 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 19 37 \$.093 \$ 33.66 \$ 1.61 @OPTOMETRIST 639.55 \$ 17.29 6 7 199.68 28.53 .018 33.28 DIAGNOSTIC AND ANC. PROCED .50

EYE APPLIANCES	10	21		312.33		14.87	.053		31.23		.79
OTHER OPTOMETRIC SERVICES	5	9		127.54		14.17	.023		25.51		.32
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.005	\$	33.44	\$.08
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	2		33.44		16.72	.005		33.44		.08
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MEDICINE/INJECTIONS	0	0	т	.00	-T	.00	.000	7	.00	-	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER	•		^	.00	<u>~</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	0	0	\$.00	ې څ	.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	72	352	\$	18,169.88	\$	51.62	.887	\$	252.36	\$	45.77
HOSP INPATIENT TOTAL	3	7		9,274.61		1324.94	.018		3091.54		23.36
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		7,832.17		3916.09	.005		7832.17		19.73
ACCOMMODATIONS	1	2		1,136.47		568.24	.005		1136.47		2.86
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,136.47		568.24	.005		1136.47		2.86
	1	0		6,695.70							
ANCILLARIES		5		•		.00	.000		6695.70		16.87
INPATIENT CROSSOVERS	2			1,442.44		288.49	.013		721.22		3.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	69	345		8,895.27		25.78	.869		128.92		22.41
MEDICAL	10	17		646.26		38.02	.043		64.63		1.63
SURGERY	6	6		410.65		68.44	.015		68.44		1.03
PATHOLOGY	22	78		802.41		10.29	.196		36.47		2.02
RADIOLOGY	9	23		1,108.72		48.21	.058		123.19		2.79
ROOM USE	13	21		927.08		44.15	.053		71.31		2.34
CROSSOVERS/ALL OTH OUTPINT	46	200		5,000.15		25.00	.504		108.70		12.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0										
ALL OTHER ACCOM	-	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ö		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	-	RES M		PORT			DEC		PΑ	GE 7,459
MOP024	FEE-FOR-SERVICE/DENTAL								_ 0 0 _		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	41 MFD	т.т.д.т.т	Y NEEDY - DISARIED)						51,11,05
110000 0001111	SOLUTION OF SERVICES FOR	لانتدا با	エヘセンロロ	. NEEDI DIOADUED	•		1	иОИТ	HIY AVERA	CF -	

----- MONTHLY AVERAGE -----397 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	Ξ		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	352	\$	18,169.88	\$	51.62	.887				45.77
COMM HOSP INPATIENT TOTAL	3	7		9,274.61		1324.94	.018		3091.54		23.36
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		7,832.17		3916.09	.005		7832.17		19.73
ACCOMMODATIONS	1	2		1,136.47		568.24	.005		1136.47		2.86
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,136.47		568.24	.005		1136.47		2.86
ANCILLARIES	1	0		6 , 695.70		.00	.000		6695.70		16.87
INPATIENT CROSSOVERS	2	5		1,442.44		288.49	.013		721.22		3.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	69	345		8,895.27		25.78	.869		128.92		22.41
MEDICAL	10	17		646.26		38.02	.043		64.63		1.63
SURGERY	6	6		410.65		68.44	.015		68.44		1.03
PATHOLOGY	22	78		802.41		10.29	.196		36.47		2.02
RADIOLOGY	9	23		1,108.72		48.21	.058		123.19		2.79
ROOM USE	13	21		927.08		44.15	.053		71.31		2.34
CROSSOVERS/ALL OTH OUTPINT		200		5,000.15		25.00	.504		108.70		12.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	32	910	\$	157,319.41	Ċ	172.88		Ċ	4916.23	Ċ	396.27
LEV A-INTERMEDIATE	0	910	۲	.00	۲	.00	.000	ې	.00	ې	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-KENAB MD LEV B-SUBACUTE FREESTANDING	ŭ	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
LEV B-TRANSITIONAL IP CARE	32					.00	.000				.00
LEV B-REGULAR	32	910	^	157,319.41	^	172.88	2.292	<u> </u>	4916.23	<u> </u>	396.27
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	-		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	^	.00	~	.00	.000	<u> </u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	-		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	•	0	^	.00	~	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	•	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000		.00		.00
@LABORATORY FACILITY	18	33	\$	570.52	\$	17.29	.083	Ş	31.70	Ş	1.44
PATHOLOGY	16	30		559.99		18.67	.076		35.00		1.41
XO AND OTHERS	2	3	_	10.53	_	3.51	.008		5.27		.03
@ORGANIZED OUTPATIENT CLINIC	136	247	\$	23,176.09	\$	93.83		\$	170.41	Ş	58.38
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	136	247		23,176.09					170.41	_	58.38
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT R	EPOR'	r for Jan 2	2002 THRU	DEC	2002	P.	AGE 7,460
MOP024	FEE-FOR-SERVICE				_						01/17/03
MODOC COUNTY	SUMMARY OF SERV	FOR 41 MED	ICALL	Y NEEDY - DISABLE	D					~-	
207 ELTCIPLES	HORDO	INITEC OF CERTICAL	,	EADEMDIENCE	7. 7. 7.	IDACE COCE	M				
397 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
OALL OBUILD DDOWNDED	4.6	OR DAYS OF CAR		5 AEO 11		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	46	308	\$	7,452.11	\$			Ş	162.00	Ş	18.77
DURABLE MED. EQUIP.	5	8		827.27		103.41			165.45		2.08
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000		.00	.00
MEDICAL TRANSPORTATION	5	234	4,680.49	20.00	.589	(936.10	11.79
AMBULANCES/AIR TRANS	4	115	4,183.54	36.38	.290	10)45.89	10.54
OTHER TRANS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	1	119	496.95	4.18	.300	4	196.95	1.25
ACUPUNCTURE	0	0	.00	.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	10	19	235.26	12.38	.048		23.53	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	27	47	1,709.09	36.36	.118		63.30	4.31
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	86	411	\$ 10,899.54	\$ 26.52	1.035	\$ 1	126.74	\$ 27.45

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,461 01/17/03

MOP024

					MON	THLY AVERA	GE
8,758 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,023	20,387 \$	1,292,630.56	\$ 63.40	2.328 \$	321.31	\$ 147.59
@PHYSICIANS SERVICES	835	2,133 \$	108,890.97	\$ 51.05	.244 \$	130.41	
OUTPATIENT VISITS	578	799	29,364.66	36.75	.091	50.80	3.35
OFFICE VISITS	437	578	16,842.74	29.14	.066	38.54	1.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	90	94	4,587.35	48.80	.011	50.97	.52
PREVENTIVE CARE	1	2	54.74	27.37	.000	54.74	.01
OB VISITS/COMPRE PERI	77	102	7,096.22	69.57	.012	92.16	.81
OTHER OUTPATIENT	20	23	783.61	34.07	.003	39.18	.09
INPATIENT VISITS	40	166	14,678.50	88.42	.019	366.96	1.68
HOSPITAL VISITS	33	70	3,800.13	54.29	.008	115.16	.43
CRITICAL CARE	8	96	10,878.37	113.32	.011	1359.80	1.24
	0	0			.000		.00
SNF/ICF/TRANS IP CARE	7	8	.00	.00 32.16		.00	
OPHTHALMOLOGICAL SERVICES	7	8	257.29		.001	36.76	.03
EXAMINATIONS	0	_	257.29	32.16	.001	36.76	.03
SERVICES AND MATERIALS		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	157	13,733.40	87.47	.018	392.38	1.57
PRINCIPAL SURGEON	27	29	11,370.15	392.07	.003	421.12	1.30
ASSISTANT SURGEON	3	3	559.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	10	125	1,803.75	14.43	.014	180.38	.21
OUTPATIENT SURGERY	80	210	18,624.94	88.69	.024	232.81	2.13
PRINCIPAL SURGEON	67	77	16,424.07	213.30	.009	245.14	1.88
ASSISTANT SURGEON	1	1	167.72	167.72	.000	167.72	.02
ANESTHESIOLOGIST	15	132	2,033.15	15.40	.015	135.54	.23
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	137	217	1,789.54	8.25	.025	13.06	.20
RADIOLOGY	157	246	12,778.18	51.94	.028	81.39	1.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	31	794.18	25.62	.004	37.82	.09
OTHER SERVICES/ALL X-OVERS	99	299	16,870.28	56.42	.034	170.41	1.93
@PHARMACY	2,000	4,570 \$	255,109.30	\$ 55.82	.522 \$	127.55	\$ 29.13
PRESCRIPTION DRUGS	1,996	4,508	254,074.04	56.36	.515	127.29	29.01
SNF/ICF	, 0	. 0	.00	.00	.000	.00	.00
OUTPATIENTS	1,996	4,508	254,074.04	56.36	.515	127.29	29.01
MEDICAL SUPPLIES	18	62	1,035.26	16.70	.007	57.51	.12
@DENTIST	79	463 \$	19,400.60	\$ 41.90	.053 \$	245.58	
VISITS - DIAGNOSTIC	60	267	3,085.00	11.55	.030	51.42	.35
ORAL SURGERY	20	52	5,769.00	110.94	.006	288.45	.66
DRUGS	7	10	228.75	22.88	.001	32.68	.03
ANESTHESIA	11	11	1,200.00	109.09	.001	109.09	.14
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.02
ENDODONTICS	4	12	852.00	71.00	.001	213.00	.10
RESTORATIVE DENTISTRY	22	88	5,965.85	67.79	.010	271.18	.68
	22	2			.000		.00
PROSTHETICS	2	9	30.00	15.00		15.00	.14
DENTURES, STAYPLATES	∠ 3	ک ت	1,188.00	132.00	.001	594.00	
SPACE MAINTAINERS	3	/	777.00	111.00	.001	259.00	.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	•	U	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	105.00	52.50	.000	52.50	.01
ALL OTHER SERVICES	Z	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	LPORT FOR JAN 2	ZUUZ THKU DE(PAGE 7,462

FEE-FOR-SERVICE/DENTAL

01/17/03

HODGE COOMIT	DOIMMING OF BEING	TODO TOR	12 11001		NULDI IIMITULE	,		M	ONT	HLY AVERA	GE	
8,758 ELIGIBLES	USERS	UNITS OF	SERVICE	0	EXPENDITURES	AVI	ERAGE COST					COST PER
·, · · · · · · · · · · · · · · · · · ·		OR DAYS					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	183	010 21110	408	\$	9,345.58	\$	22.91	.047		51.07	Ś	1.07
DIAGNOSTIC AND ANC. PROCED	112		116	т	4,629.34	т	39.91	.013	-	41.33	-	.53
EYE APPLIANCES	101		253		4,212.21		16.65	.029		41.71		.48
OTHER OPTOMETRIC SERVICES	37		39		504.03		12.92	.004		13.62		.06
	2		3	ċ	50.16	\$	16.72	.004	ċ	25.08	ċ	.01
@CHIROPRACTOR	2		3	\$		Ą			ې		Ş	
VISITS	0				50.16		16.72	.000		25.08		.01
OTHER SERVICES	•		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2		12	\$	476.63	\$	39.72		\$	238.32	\$.05
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	2		3	\$		\$	37.60	.000		56.40	\$.01
@TOTAL HOSPITAL	955	4	1,963	Ś	417,983.55	Ś	84.22	.567			\$	47.73
HOSP INPATIENT TOTAL	67	•	278	т	269,071.38	-7	967.88	.032	т.	4015.99	т.	30.72
HSC HOSPITALS	5		15		20,263.00		1350.87	.002		4052.60		2.31
NON-HSC HOSPITAL TOTAL	62		263		248,807.74		946.04	.030		4013.03		28.41
	61		263				607.72	.030		2620.16		18.25
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		203		159,829.97							
					.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	61		263		159,829.97		607.72	.030		2620.16		18.25
ANCILLARIES	62		0		88,977.77		.00	.000		1435.13		10.16
INPATIENT CROSSOVERS	1		0		.64		.00	.000		.64		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	918	4	1 , 685		148,912.17		31.78	.535		162.21		17.00
MEDICAL	402		580		18,284.60		31.53	.066		45.48		2.09
SURGERY	69		71		6,073.37		85.54	.008		88.02		.69
PATHOLOGY	425	1	L , 376		13,347.31		9.70	.157		31.41		1.52
RADIOLOGY	335		485		38,729.22		79.85	.055		115.61		4.42
ROOM USE	353		467		20,187.99		43.23	.053		57.19		2.31
CROSSOVERS/ALL OTH OUTPINT	340	1	L , 706		52,289.68		30.65	.195		153.79		5.97
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Õ		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0									
ANCILLARIES			-		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MODOC COUNTY

MODOC COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

]	TNOM	HLY AVERA	GE	
8,758 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE C	OST UNITS/DA		COST PER		COST PER
,		OR DAYS OF CARE		PER UNIT/	DAY PER ELI	G	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	955	4,963 \$	417,983.55	\$ 84.2			437.68	\$	47.73
COMM HOSP INPATIENT TOTAL	67	278	269,071.38	967.8			4015.99		30.72
HSC HOSPITALS	5	15	20,263.00	1350.8			4052.60		2.31
NON-HSC HOSPITALS TOTAL	62	263	248,807.74	946.0			4013.03		28.41
ACCOMMODATIONS	61	263	159,829.97	607.7			2620.16		18.25
ADMINISTRATIVE DAYS	0	0	.00	.0			.00		.00
TRANSITIONAL IP CARE	0	0	.00	.0			.00		.00
ALL OTHER ACCOM	61	263	159,829.97	607.7			2620.16		18.25
ANCILLARIES	62	0	88,977.77	.0			1435.13		10.16
INPATIENT CROSSOVERS	1	0	.64	.0			.64		.00
ALL OTHER INPATIENT	0	0	.00	.0			.00		.00
COMM HOSP OUTPATIENT TOTAL	918	4,685	148,912.17	31.7			162.21		17.00
	402	•	18,284.60				45.48		2.09
MEDICAL		580		31.5					
SURGERY	69	71	6,073.37	85.5			88.02		.69
PATHOLOGY	425	1,376	13,347.31	9.7			31.41		1.52
RADIOLOGY	335	485	38,729.22	79.8			115.61		4.42
ROOM USE	353	467	20,187.99	43.2			57.19		2.31
CROSSOVERS/ALL OTH OUTPTNT	340	1,706	52,289.68	30.6		_	153.79	_	5.97
@STATE HOSPITAL	0	0 \$		\$.0		\$.00	\$.00
MENTALLY ILL	0	0	.00	.0			.00		.00
DEVELOP. DISABLED	0	0	.00	.0			.00		.00
@NURSING FACILITY	0	0 \$	• • •	\$.0		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.0			.00		.00
LEV B-REHAB MD	0	0	.00	.0			.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.0			.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.0	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.0	.000		.00		.00
LEV B-REGULAR	0	0	.00	.0			.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.0		\$.00	\$.00
ICF DDH	0	0	.00	.0	.000		.00		.00
ICF DD	0	0	.00	.0	.000		.00		.00
ICF DDN/DDCN	0	0	.00	.0	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.0	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.0	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00	.0	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.0	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.0	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00	.0	.000		.00		.00
@LABORATORY FACILITY	358	836 \$	14,405.45	\$ 17.2	.095	\$	40.24	\$	1.64
PATHOLOGY	358	836	14,405.45	17.2			40.24		1.64
XO AND OTHERS	0	0	.00	.0			.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,033	3,478 \$		\$ 122.2		Ś		\$	48.53
CLINIC	7	25	891.06	35.6			127.29		.10
SURGICENTER	2	8	313.10	39.1			156.55		.04
HEROIN DETOX CLINIC	0	0	.00	.0			.00		.00
RURAL HEALTH CLINIC	2,028	3,445	423,815.71	123.0			208.98		48.39
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R			DEC		P	AGE 7,464
MOP024	FEE-FOR-SERVICE/				2002 11110		2002	_	01/17/03
									31,11,00

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

						MON	ITHLY AVERA	.GE	
8,758 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	i	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	277	3,518	\$	41,835.65	\$ 11.89	.402	151.03	\$	4.78
DURABLE MED. EQUIP.	23	87		2,816.14	32.37	.010	122.44		.32
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	2	4		164.28	41.07	.000	82.14		.02
MEDICAL TRANSPORTATION	35	1,359		24,602.28	18.10	.155	702.92		2.81
AMBULANCES/AIR TRANS	34	1,354		17,777.28	13.13	.155	522.86		2.03
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	5	5		6,825.00	.00 1365.00		1365.00		.78
ACUPUNCTURE	0	0 0 14		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	14	14		1,356.00	96.86	.002	96.86		.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	79	163		1,519.37	9.32	.019	19.23		.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	3		148.65	49.55	.000	74.33		.02
PROSTHETICS	2	3		148.65	49.55	.000	74.33		.02
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	5	14		1,720.51	122.89	.002	.00		.20
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	95	1,040		7,372.87	7.09	.119	77.61		.84
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	26	834		2,135.55		.095	82.14		.24
@CALIF. CHILDREN SERVICES*	17	57	\$		\$ 527.57	.007	1768.92	\$	3.43
@XOVER EXCLUDING STATE HOSP**	18	65	\$		\$ 57.93	.007			.43
0* TOTALS IN THESE LINES ARE G	GIVEN AS A SEPARA	ATE INFORMATION I	TEM	ONLY;	·				
THE AMOUNTS ARE ALREADY INC	LUDED IN THE API	PROPRIATE DETAIL	LIN	ES ABOVE.					
** THESE DATA ARE INCLUDED IN	THE APPROPRIATI	E DETAIL LINES AE	BOVE						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	Р	AGE 7,465
	FEE-FOR-SERVICE,								01/17/03
		ICES FOR 43 MEDI	CAL	LY NEEDY					
						MON	THLY AVERA	GE.	

10,241 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 5,527 52,128 \$ 5,440,223.65 \$ 104.36 5.090 \$ 984.30 \$ 531.22 @PHYSICIANS SERVICES 993 2,558 119,653.37 46.78 .250 \$ 120.50 \$ 11.68 OUTPATIENT VISITS 603 838 30,472.84 36.36 .082 50.54 2.98 458 28.95 .060 38.75 1.73 OFFICE VISITS 613 17,747.13 HOME VISITS 0 0 .000 .00 .00 .00 .00 93 97 EMERGENCY ROOM 4,761.14 49.08 .009 51.20 .46 PREVENTIVE CARE 1 2 54.74 27.37 .000 54.74 .01 77 102 .010 92.16 .69 OB VISITS/COMPRE PERI 7,096.22 69.57 OTHER OUTPATIENT 21 24 813.61 33.90 .002 38.74 .08 47 14,915.24 INPATIENT VISITS 180 82.86 .018 317.35 1.46 33 70 54.29 .007 115.16 .37 HOSPITAL VISITS 3,800.13 113.32 1359.80 CRITICAL CARE 8 96 10,878.37 .009 1.06 7 SNF/ICF/TRANS IP CARE 14 236.74 16.91 .001 33.82 .02 OPHTHALMOLOGICAL SERVICES 277.29 30.81 .001 34.66 .03

EXAMINATIONS	8	9	277.29	30.81	.001	34.66	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	36	159	14,340.63	90.19	.016	398.35	1.40
PRINCIPAL SURGEON	28	30	11,876.11	395.87	.003	424.15	1.16
ASSISTANT SURGEON	4	4	660.77	165.19	.000	165.19	.06
ANESTHESIOLOGIST	10	125	1,803.75	14.43	.012	180.38	.18
OUTPATIENT SURGERY	90	232	20,718.67	89.30	.023	230.21	2.02
PRINCIPAL SURGEON	76	92	18,252.39	198.40	.009	240.16	1.78
ASSISTANT SURGEON	2	2	285.74	142.87	.000	142.87	.03
ANESTHESIOLOGIST	16	138	2,180.54	15.80	.013	136.28	.21
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	150	236	1,867.90	7.91	.023	12.45	.18
RADIOLOGY	164	261	13,188.68	50.53	.025	80.42	1.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	40	2,351.45	58.79	.004	94.06	.23
OTHER SERVICES/ALL X-OVERS	209	603	21,520.67	35.69	.059	102.97	2.10
@PHARMACY	3 , 196	10,733	\$ 604,131.41	\$ 56.29	1.048	\$ 189.03	\$ 58.99
PRESCRIPTION DRUGS	3,181	10,021	599 , 960.88	59.87	.979	188.61	58.58
SNF/ICF	613	3,104	169,986.02	54.76	.303	277.30	16.60
OUTPATIENTS	2,621	6 , 917	429,974.86	62.16	.675	164.05	41.99
MEDICAL SUPPLIES	44	712	4,170.53	5.86	.070	94.78	.41
@DENTIST	84	475	\$	\$ 40.84	.046		\$ 1.89
VISITS - DIAGNOSTIC	62	270	3,085.00	11.43	.026	49.76	.30
ORAL SURGERY	21	53	5,769.00	108.85	.005	274.71	.56
DRUGS	7	10	228.75	22.88	.001	32.68	.02
ANESTHESIA	11	11	1,200.00	109.09	.001	109.09	.12
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.02
ENDODONTICS	4	12	852.00	71.00	.001	213.00	.08
RESTORATIVE DENTISTRY	24	95	5 , 965.85	62.80	.009	248.58	.58
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	2	9	1,188.00	132.00	.001	594.00	.12
SPACE MAINTAINERS	3	7	777.00	111.00	.001	259.00	.08

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2	105.00	52.50	.000	52.50		.01
ALL OTHER SERVICES	3	3	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE	7,466
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/	17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	OR 43 MEDICAI	LLY NEEDY					

	OST PER LIGIBLE 1.10
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER EL	LIGIBLE 1.10
	1.10
@OPTOMETRIST 234 507 S 11.274 84 S 22 24 050 S 48 18 S	
DIAGNOSTIC AND ANC. PROCED 121 126 4,971.37 39.46 .012 41.09	.49
EYE APPLIANCES 131 322 5,341.72 16.59 .031 40.78	.52
OTHER OPTOMETRIC SERVICES 54 59 961.75 16.30 .006 17.81	.09
@CHIROPRACTOR 3 5 \$ 83.60 \$ 16.72 .000 \$ 27.87 \$.01
VISITS 2 3 50.16 16.72 .000 25.08	.00
OTHER SERVICES 1 2 33.44 16.72 .000 33.44	.00
@PODIATRIST 1 1 \$ 1.82 \$ 1.82 .000 \$ 1.82 \$.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	.00
OTHER 1 1 1 1.82 1.82 .000 1.82	.00
@HOME HEALTH AGENCY 0 0 \$.00 \$.00 \$.00 \$.00
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 2 12 \$ 476.63 \$ 39.72 .001 \$ 238.32 \$.05
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 2 3 \$ 112.80 \$ 37.60 .000 \$ 56.40 \$.01
@TOTAL HOSPITAL 1,135 5,761 \$ 459,400.83 \$ 79.74 .563 \$ 404.76 \$	44.86
HOSP INPATIENT TOTAL 84 363 288,255.55 794.09 .035 3431.61	28.15
HSC HOSPITALS 5 15 20.263.00 1350.87 .001 4052.60	1.98
NON-HSC HOSPITAL TOTAL 63 265 256,639.91 968.45 .026 4073.65	25.06
ACCOMMODATIONS 62 265 160,966.44 607.42 .026 2596.23	15.72
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 62 265 160,966.44 607.42 .026 2596.23	15.72
ANCILLARIES 63 0 95,673.47 .00 .000 1518.63	9.34
INPATIENT CROSSOVERS 17 83 11,352.64 136.78 .008 667.80	1.11
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 1,083 5,398 171,145.28 31.71 .527 158.03	16.71
MEDICAL 413 598 19,002.75 31.78 .058 46.01	1.86
SURGERY 76 78 6,507.91 83.43 .008 85.63	.64
PATHOLOGY 448 1,455 14,204.23 9.76 .142 31.71	1.39
RADIOLOGY 347 511 41,077.25 80.39 .050 118.38	4.01
ROOM USE 366 488 21,115.07 43.27 .048 57.69	2.06
CROSSOVERS/ALL OTH OUTPINT 477 2,268 69,238.07 30.53 .221 145.15	6.76
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,467
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES F	OR 43 MEDICA	LLY NEEDY				
					MONITH	ארמיתואר עדוו	יחי

MODOC COUNTY	SUMMARY OF SERV	/ICES FOR 43 MEDIC	АЬЬҮ	NEEDY							
							M			GE	
10,241 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S			COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,135	5,761	\$	459,400.83	\$	79.74	.563	Ş	404.76	Ş	44.86
COMM HOSP INPATIENT TOTAL	84	363		288,255.55		794.09	.035		3431.61		28.15
HSC HOSPITALS	5	15		20,263.00	1	350.87	.001		4052.60		1.98
NON-HSC HOSPITALS TOTAL	63	265		256,639.91		968.45	.026		4073.65		25.06
ACCOMMODATIONS	62	265		160,966.44		607.42	.026		2596.23		15.72
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	62	265		160,966.44		607.42	.026		2596.23		15.72
ANCILLARIES	63	0		95 , 673.47		.00	.000		1518.63		9.34
INPATIENT CROSSOVERS	17	83		11,352.64		136.78	.008		667.80		1.11
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,083	5 , 398		171,145.28		31.71	.527		158.03		16.71
MEDICAL	413	598		19,002.75		31.78	.058		46.01		1.86
SURGERY	76	78		6 , 507.91		83.43	.008		85.63		.64
PATHOLOGY	448	1,455		14,204.23		9.76	.142		31.71		1.39
RADIOLOGY	347	511		41,077.25		80.39	.050		118.38		4.01
ROOM USE	366	488		21,115.07		43.27	.048		57.69		2.06
CROSSOVERS/ALL OTH OUTPTNT	477	2,268		69,238.07		30.53	.221		145.15		6.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	740	22,371	\$	3,666,501.70	\$	163.90	2.184	\$	4954.73	\$	358.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	740	22,371		3,666,501.70		163.90	2.184		4954.73		358.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	383	894	\$	15,354.70	\$	17.18	.087	\$	40.09	\$	1.50
PATHOLOGY	378	886	•	15,312.13	•	17.28	.087	'	40.51		1.50
XO AND OTHERS	5	8		42.57		5.32	.001		8.51		.00
@ORGANIZED OUTPATIENT CLINIC	2,575	4,458	\$	481,223.83	\$	107.95	.435	\$	186.88	\$	46.99
CLINIC	7	25	•	891.06	•	35.64	.002	'	127.29		.09
	•	= 0									

8 2 313.10 39.14 .001 156.55 .03 SURGICENTER .00 .000 0 .00 .00 HEROIN DETOX CLINIC 0 .00 2,570 4,425 480,019.67 108.48 .432 186.78 46.87 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,468 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

MODOC COONTI	SOMMANT OF SEN	VICES FOR 45 MEI	DICA	LILI 1415.	בטו				3.00	
40 044						 		ONTHLY AVER	_	
10,241 ELIGIBLES	USERS	UNITS OF SERVI			EXPENDITURES	ERAGE COST	,			COST PER
_		OR DAYS OF CAL				R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	389	4,350	\$		62 , 607.52	\$ 14.39	.425	•		6.11
DURABLE MED. EQUIP.	35	122			11,963.93	98.07	.012	341.83		1.17
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	2	4			164.28	41.07	.000	82.14		.02
MEDICAL TRANSPORTATION	42	1 , 672			30,316.80	18.13	.163	721.83		2.96
AMBULANCES/AIR TRANS	38	1,469			21,960.82	14.95	.143	577.92		2.14
OTHER TRANS	0	0			.00	.00	.000	.00		.00
OTHER SERVICES	8	203			8,355.98	41.16	.020	1044.50		.82
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	14	14			1,356.00	96.86	.001	96.86		.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	107	219			2,252.44	10.29	.021	21.05		.22
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	3			148.65	49.55	.000	74.33		.01
PROSTHETICS	2	3			148.65	49.55	.000	74.33		.01
ORTHOTICS	0	0			.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	14	34			3,628.84	106.73	.003	259.20		.35
HOSPICE SERVICES	0	0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	95	1,040			7,372.87	7.09	.102	77.61		.72
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	84	1,242			5,403.71	4.35	.121	64.33		.53
@CALIF. CHILDREN SERVICES*	17	57	\$		•	\$		\$ 1768.92		2.94
@XOVER EXCLUDING STATE HOSP**	369	1,315	\$		57,775.46	\$ 43.94	.128	\$ 156.57		5.64
Q+ MOMATO IN MURCE TIMES ADE	CITIENT AC A CEDA	,	T III D	A ONTT SZ	•					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,469
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						MON	ITHLY AVERAG	E
539 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	229	1,292	\$	60,355.28	\$ 46.71	2.397	263.56	\$ 111.98
@PHYSICIANS SERVICES	56	110	\$	4,824.53	\$ 43.86	.204 \$	86.15	\$ 8.95
OUTPATIENT VISITS	39	50		1,416.29	28.33	.093	36.32	2.63
OFFICE VISITS	30	38		972.07	25.58	.071	32.40	1.80
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11		416.78	37.89	.020	46.31	.77
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		27.44		27.44	.002	27.44		.05
INPATIENT VISITS	1	3		89.30		29.77	.002	89.30		.17
HOSPITAL VISITS	1	3		89.30		29.77	.006	89.30		.17
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0								
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2 1	2 1		651.94		325.97	.004	325.97		1.21
PRINCIPAL SURGEON		1		544.72		544.72	.002	544.72		1.01
ASSISTANT SURGEON	1	_		107.22		107.22	.002	107.22		.20
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	8	27		1,754.09		64.97	.050	219.26		3.25
PRINCIPAL SURGEON	6	9		1,329.03		147.67	.017	221.51		2.47
ASSISTANT SURGEON	1	1		110.95		110.95	.002	110.95		.21
ANESTHESIOLOGIST	2	17		314.11		18.48	.032	157.06		.58
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	3	3		36.90		12.30	.006	12.30		.07
RADIOLOGY	9	16		476.48		29.78	.030	52.94		.88
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	4	4		216.46		54.12	.007	54.12		.40
OTHER SERVICES/ALL X-OVERS	5	5		183.07		36.61	.009	36.61		.34
@PHARMACY	104	217	\$	10,229.41	\$	47.14	.403	\$ 98.36	\$	18.98
PRESCRIPTION DRUGS	104	217		10,229.41		47.14	.403	98.36		18.98
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	104	217		10,229.41		47.14	.403	98.36		18.98
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	15	54	\$	5,402.00	\$	100.04	.100	\$ 360.13	\$	10.02
VISITS - DIAGNOSTIC	7	17		261.00		15.35	.032	37.29		.48
ORAL SURGERY	2	2		90.00		45.00	.004	45.00		.17
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	2	5		1,235.00		247.00	.009	617.50		2.29
RESTORATIVE DENTISTRY	5	21		2,628.00		125.14	.039	525.60		4.88
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.002	48.00		.09
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	5	7		1,065.00		152.14	.013	213.00		1.98
ALL OTHER SERVICES	1	1		75.00		75.00	.013	75.00		.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ער באסבאנטבעני ד	DEC M		FDOD				D	AGE 7,470
MOP024	FEE-FOR-SERVICE/DENT		TVEO I	MONTH OF FAIRENT R.	LI UK	I FOR UAN 2	LUUZ INKU I	DEC 2002	P	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES		_ NT/	2 202 03 04 27 45	17 1	V /M 5V 7m	0.2			01/11/03
MODOC COUNTI	SOUTHWALL OF SERVICES	LOV 44 MIC	. – 140	J 500 05 04 ZA 45	1A 4	IV AC INF VI			C F	

----- MONTHLY AVERAGE -----539 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 12 \$ 201.23 \$ 16.77 .022 \$ 28.75 \$.37 DIAGNOSTIC AND ANC. PROCED 19.76 9.88 .004 9.88 .04 EYE APPLIANCES 3 5 85.47 17.09 .009 28.49 .16 5 96.00 .009 OTHER OPTOMETRIC SERVICES 5 19.20 19.20 .18 .00 \$.00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	1	15	\$	135.77	\$	9.05	.028	Ś	135.77	Ś	.25
NURSE MIDWIFE	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
@TOTAL HOSPITAL	58	252	\$	17,553.53	\$	69.66	.468	\$	302.65	\$	32.57
HOSP INPATIENT TOTAL	3	4		9,421.93	2	355.48	.007		3140.64		17.48
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	4		9,421.93	2	355.48	.007		3140.64		17.48
ACCOMMODATIONS	3	4		2,656.49		664.12	.007		885.50		4.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4		2,656.49		664.12	.007		885.50		4.93
ANCILLARIES	3	0		6,765.44		.00	.000		2255.15		12.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	56	248		8,131.60		32.79	.460		145.21		15.09
MEDICAL	27	40		1,601.37		40.03	.074		59.31		2.97
SURGERY	9	9		966.52		107.39	.017		107.39		1.79
PATHOLOGY	24	87		781.03		8.98	.161		32.54		1.45
RADIOLOGY	26	32		2,172.54		67.89	.059		83.56		4.03
ROOM USE	25	35		1,872.31		53.49	.065		74.89		3.47
CROSSOVERS/ALL OTH OUTPTNT	20	45		737.83		16.40	.083		36.89		1.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 7,471
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	S FOR 44 MIC - N	NO SOC 03 04 2A 45 4A 4K	4M 5K 7T	82		

					MOI	NTHLY AVERA	ΔGE	
539 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	252	\$ 17,553.53	\$ 69.66	.468	302.65	\$	32.57
COMM HOSP INPATIENT TOTAL	3	4	9,421.93	2355.48	.007	3140.64		17.48
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	4	9,421.93	2355.48	.007	3140.64		17.48
ACCOMMODATIONS	3	4	2,656.49	664.12	.007	885.50		4.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	4	2,656.49	664.12	.007	885.50		4.93
ANCILLARIES	3	0	6,765.44	.00	.000	2255.15		12.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	56	248	8,131.60	32.79	.460	145.21		15.09
MEDICAL	27	40	1,601.37	40.03	.074	59.31		2.97
SURGERY	9	9	966.52	107.39	.017	107.39		1.79
PATHOLOGY	24	87	781.03	8.98	.161	32.54		1.45
RADIOLOGY	26	32	2,172.54	67.89	.059	83.56		4.03
ROOM USE	25	35	1,872.31	53.49	.065	74.89		3.47
CROSSOVERS/ALL OTH OUTPINT	20	45	737.83	16.40	.083	36.89		1.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	1	2	\$ 72.84	\$ 36.42	.004		\$.14
HOSPITAL BASED	1	2	72.84	36.42	.004	72.84		.14

U	0	.00		.00	.000	.00	.00
19	48 \$	926.20	\$	19.30	.089	\$ 48.75	\$ 1.72
19	48	926.20		19.30	.089	48.75	1.72
0	0	.00		.00	.000	.00	.00
100	155 \$	16,648.20	\$	107.41	.288	\$ 166.48	\$ 30.89
4	6	147.93		24.66	.011	36.98	.27
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
98	149	16,500.27		110.74	.276	168.37	30.61
MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU D	DEC 2002	PAGE 7,472
FEE-FOR-SERVICE/DE	NTAL						01/17/03
	4 0 0 98 EDI-CAL SERVICES	19 48 0 0 100 155 \$ 4 6 0 0 0 0 0 0 0 98 149 EDI-CAL SERVICES AND EXPENDITURES EE-FOR-SERVICE/DENTAL	19 48 \$ 926.20 19 48 926.20 0 0 0 .00 100 155 \$ 16,648.20 4 6 147.93 0 0 0 .00 0 0 0 .00 98 149 16,500.27 EDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT EE-FOR-SERVICE/DENTAL	19 48 926.20 0 0 .00 100 155 \$ 16,648.20 \$ 4 6 147.93 0 0 0 .00 0 0 0 .00 98 149 16,500.27 EDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT EE-FOR-SERVICE/DENTAL	19 48 \$ 926.20 \$ 19.30 19 48 926.20 19.30 0 0 .00 .00 100 155 \$ 16,648.20 \$ 107.41 4 6 147.93 24.66 0 0 0 .00 .00 0 0 .00 .00 98 149 16,500.27 110.74 EDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN EE-FOR-SERVICE/DENTAL	19 48 \$ 926.20 \$ 19.30 .089 19 48 926.20 19.30 .089 0 0 .00 .00 .00 .000 100 155 \$ 16,648.20 \$ 107.41 .288 4 6 147.93 24.66 .011 0 0 0 .00 .00 .00 .000 0 0 .00 .00 .00	19 48 \$ 926.20 \$ 19.30 .089 \$ 48.75 19 48 926.20 19.30 .089 48.75 0 0 0 .00 .00 .00 .000 .00 100 155 \$ 16,648.20 \$ 107.41 .288 \$ 166.48 4 6 147.93 24.66 .011 36.98 0 0 0 .00 .00 .00 .00 0 0 0 .00 .00 .00

MODOC COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						IITI VARIVV	
539 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21	427 \$	4,361.57	\$ 10.21	.792 \$	207.69	\$ 8.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	90	1,426.05	15.85	.167	203.72	2.65
AMBULANCES/AIR TRANS	7	90	1,426.05	15.85	.167	203.72	2.65
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.004	105.00	.39
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.004	16.64	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	333	2,708.88	8.13	.618	246.26	5.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	12.41CR	\$ 12.41	.002CR\$.00	\$.02CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
0.4 0.003 0.0 0.1 0.1000 0.000 0.000 0.000							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,473
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

						MON	NTHLY AVERA	GE	
11 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EL:	IGIBLE
@TOTAL, ALL PROVIDERS	8	70	\$	1,483.06	\$ 21.19	6.364 \$	185.38	\$	134.82
@PHYSICIANS SERVICES	4	17	Ś	404 45	\$ 23.79	1 545 \$	101 11	Ś	36 77

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OURDANTENE VICINC	1	1		24.00	24.00	.091	24.00		2.18
OUTPATIENT VISITS OFFICE VISITS	1	1		24.00	24.00	.091	24.00		2.18
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	12		380.45	31.70	1.091	190.23		34.59
PRINCIPAL SURGEON	1	1		233.06	233.06	.091	233.06		21.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	11		147.39	13.40	1.000	147.39		13.40
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	4		.00	.00	.364	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0	0	7	.00	.00	.000	.00	7	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	2	31	\$.00	\$.00	2.818		\$.00
VISITS - DIAGNOSTIC	2	15	•	.00	.00	1.364	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	16		.00	.00	1.455	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU D	EC 2002	PI	AGE 7,474
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC	- SO	C	AID C	ODE			
						MO	NTHLY AVERA	GE -	
11 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY		USER	F	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0	.00	. (.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	. (.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.(.000	\$.00	\$.00
VISITS	0	0	.00	. (.000	.00	.00
OTHER SERVICES	0	0	.00	. (.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.(.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	. (.000	.00	.00
SURGERY/ANES.	0	0	.00	. (.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.000	.00	.00
OTHER	0	0	.00		.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00		.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	•	000.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00		.000	\$.00	\$.00
	0	0 \$					
PEDIATRIC NURSE PRACTITIONER	. 0		.00		.000		
FAMILY NURSE PRACTITIONER	•	0 \$.00		.000	\$.00	\$.00
@TOTAL HOSPITAL	3	16 \$	441.87	\$ 27.6		\$ 147.29	\$ 40.17
HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	. (.000	.00	.00
ACCOMMODATIONS	0	0	.00	. (.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (.000	.00	.00
ANCILLARIES	0	0	.00	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	3	16	441.87	27.0		147.29	40.17
MEDICAL	1	2	27.83	13.9		27.83	2.53
SURGERY	1	1	66.35	66.3		66.35	6.03
PATHOLOGY	1	4	25.00	6.2		25.00	2.27
RADIOLOGY	2	4	128.20	32.0		64.10	11.65
	∠ 1	4					
ROOM USE	1	2	159.39	79.		159.39	14.49
CROSSOVERS/ALL OTH OUTPTNT		3	35.10	11.		35.10	3.19
@COUNTY HOSPITAL TOTAL	0	0 \$.00		.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	. (.000	.00	.00
ACCOMMODATIONS	0	0	.00	. (.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (.000	.00	.00
ANCILLARIES	0	0	.00	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	. (.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		000.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
	0	0					
ROOM USE	U	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		EC AND EXPENDENTEDED I	.00.		000. 00	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	KEPUKT FUR (JAN ZUUZ THRU	DEC 2002	PAGE 7,475
MOP024	FEE-FOR-SERVICE						01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC - S	OC	A.	ID CODE		
						IONTHLY AVERA	-
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE (COST UNITS/DAY	S COST PER	COST PER

		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	16	\$ 441.87	\$	27.62	1.455	\$ 147.29	\$	40.17
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	16	441.87		27.62	1.455	147.29		40.17
MEDICAL	1	2	27.83		13.92	.182	27.83		2.53
SURGERY	1	1	66.35		66.35	.091	66.35		6.03
PATHOLOGY	1	4	25.00		6.25	.364	25.00		2.27
RADIOLOGY	2	4	128.20		32.05	.364	64.10		11.65
ROOM USE	1	2	159.39		79.70	.182	159.39		14.49
CROSSOVERS/ALL OTH OUTPINT	1	3	35.10		11.70	.273	35.10		3.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	6	\$	636.74	\$	106.12	.545	\$	318.37	\$	57.89
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	6		636.74		106.12	.545		318.37		57.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	ES MONTH-OF	-PAYMENT I	REPORT	FOR JAN 200	2 THRU	DEC	2002	PF	AGE 7,476
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	- SOC			AID CODE	3				

MODOC COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE ------ MONTHLY AVERAGE ------

11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

NODGE COUNTY	BOTHING OF BEICVIOL		INDIGHNI CHIHDNE	114	MON'	THLY AVERAC	GE
550 ELIGIBLES		IITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	237	1,362 \$	61,838.34	\$ 45.40	2.476 \$	260.92	\$ 112.43
@PHYSICIANS SERVICES	60	127 \$	5,228.98	\$ 41.17	.231 \$		
OUTPATIENT VISITS	40	51	1,440.29	28.24	.093	36.01	2.62
OFFICE VISITS	31	39	996.07	25.54	.071	32.13	1.81
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	416.78	37.89	.020	46.31	.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.44	27.44	.002	27.44	.05
INPATIENT VISITS	1		89.30	29.77	.005	89.30	.16
	1	3	89.30	29.77		89.30	.16
HOSPITAL VISITS	0	3			.005		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	· ·		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	651.94	325.97	.004	325.97	1.19
PRINCIPAL SURGEON	1	1	544.72	544.72	.002	544.72	.99
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.19
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	10	39	2,134.54	54.73	.071	213.45	3.88
PRINCIPAL SURGEON	7	10	1,562.09	156.21	.018	223.16	2.84
ASSISTANT SURGEON	1	1	110.95	110.95	.002	110.95	.20
ANESTHESIOLOGIST	3	28	461.50	16.48	.051	153.83	.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	36.90	12.30	.005	12.30	.07
RADIOLOGY	9	16	476.48	29.78	.029	52.94	.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	8	216.46	27.06	.015	43.29	.39
OTHER SERVICES/ALL X-OVERS	5	5	183.07	36.61	.009	36.61	.33
@PHARMACY	104	217 \$	10,229.41	\$ 47.14	.395 \$		
PRESCRIPTION DRUGS	104	217	10,229.41	47.14	.395	98.36	18.60
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1.04	217	10,229.41	47.14	.395	98.36	18.60
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	17	85 \$	5,402.00	\$ 63.55	.155 \$	317.76	
VISITS - DIAGNOSTIC	9	32	261.00	8.16	.058	29.00	.47
ORAL SURGERY	2	2	90.00	45.00	.004	45.00	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	2	5	1,235.00	247.00	.009	617.50	2.25
ENDODONTICS RESTORATIVE DENTISTRY	6	37	2,628.00	71.03	.067	438.00	4.78
	0	0				.00	.00
PROSTHETICS	0		.00	.00	.000		
DENTURES, STAYPLATES	U	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	Ţ	1	48.00	48.00	.002	48.00	.09
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	1,065.00	152.14	.013	213.00	1.94
ALL OTHER SERVICES	1	1	75.00	75.00	.002	75.00	.14
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MO	NTH-OF-PAYMENT RE	FORT FOR JAN 2	2002 THRU DE	2002	PAGE 7,478
MOP024	FEE-FOR-SERVICE/DE	IN'I'AL					01/17/03

MODOC COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDI	CALL'	Y INDIGENT CHILDRI	EN		244	ONT⊞	1111 X X X X X X X X X X X X X X X X X	CE	
EEO ELICIDIES	HOEDO	INTER OF CEDITOR	,	EADENDIMIDEC	71.77	EDACE COCE	MO			UGE	
550 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST R UNIT/DAY			COST PER		COST PER
@OPTOMETRIST	7	OR DAYS OF CARE		201.23	\$	16.77	.022		USER 28.75	ċ	ELIGIBLE .37
DIAGNOSTIC AND ANC. PROCED	2	2	\$	19.76	Ą	9.88	.022	Ą	9.88	Ą	.04
	3			85.47		17.09	.004		28.49		.16
EYE APPLIANCES		5 5									
OTHER OPTOMETRIC SERVICES	5	0	Ċ	96.00	ċ	19.20	.009	Ċ	19.20	Ċ	.17
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0			.00		.00	.000		.00		.00
OTHER SERVICES	•	0	A	.00	<u> </u>	.00	.000	à	.00	<u> </u>	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Þ	.00	Þ	.00
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
NURSE ANESTHESIST	1	15	\$	135.77	\$	9.05	.027	\$	135.77	\$.25
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	61	268	\$	17,995.40	\$	67.15	.487	\$	295.01	\$	32.72
HOSP INPATIENT TOTAL	3	4		9,421.93		2355.48	.007		3140.64		17.13
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	4		9,421.93		2355.48	.007		3140.64		17.13
ACCOMMODATIONS	3	4		2,656.49		664.12	.007		885.50		4.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4		2,656.49		664.12	.007		885.50		4.83
ANCILLARIES	3	0		6,765.44		.00	.000		2255.15		12.30
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	59	264		8,573.47		32.48	.480		145.31		15.59
MEDICAL	28	42		1,629.20		38.79	.076		58.19		2.96
SURGERY	10	10		1,032.87		103.29	.018		103.29		1.88
PATHOLOGY	25	91		806.03		8.86	.165		32.24		1.47
RADIOLOGY	28	36		2,300.74		63.91	.065		82.17		4.18
ROOM USE	26	37		2,031.70		54.91	.067		78.14		3.69
CROSSOVERS/ALL OTH OUTPINT	21	48		772.93		16.10	.087		36.81		1.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	Ő		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	Ö		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	-	-									

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

MODOC COUNTY	SUMMARY OF SERVIC	ES FOR 46 MEDICA	LLY INDIGENT CHILL	JKEN	MON		CE	
550 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	S AVERAGE COST	MON	COST PER		COST PER
220 ETIGIBLE2	USERS (OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	61	268 \$	17,995.40		.487 \$			32.72
COMM HOSP INPATIENT TOTAL	3	200 Ş 4	9,421.93	•	.007	3140.64	۲	17.13
HSC HOSPITALS	0	0	.00		.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	4	9,421.93		.007	3140.64		17.13
ACCOMMODATIONS	3	4	2,656.49		.007	885.50		4.83
ADMINISTRATIVE DAYS	0	0	.00		.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
ALL OTHER ACCOM	3	4	2,656.49		.007	885.50		4.83
ANCILLARIES	3	0	6,765.44		.000	2255.15		12.30
INPATIENT CROSSOVERS	0	0	.00.		.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	59	264	8,573.47		.480	145.31		15.59
MEDICAL	28	42	1,629.20		.076	58.19		2.96
SURGERY	10	10	1,032.87		.018	103.29		1.88
PATHOLOGY	25	91	806.03		.165	32.24		1.47
RADIOLOGY	28	36	2,300.74		.065	82.17		4.18
ROOM USE	26	37	2,031.70		.067	78.14		3.69
CROSSOVERS/ALL OTH OUTPTNT	21	48	772.93		.087	36.81		1.41
@STATE HOSPITAL	0	0 \$.000		Ś	.00
MENTALLY ILL	0	0 7	.00		.000	.00	٧	.00
DEVELOP. DISABLED	0	0	.00		.000	.00		.00
@NURSING FACILITY	0	0 \$.000		Ś	.00
LEV A-INTERMEDIATE	0	0 7	.00		.000	.00	٧	.00
LEV B-REHAB MD	0	0	.00		.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
LEV B-REGULAR	0	Ő	.00		.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.000 \$		Ś	.00
ICF DDH	0	0	.00	•	.000	.00	7	.00
ICF DD	0	0	.00		.000	.00		.00
ICF DDN/DDCN	0	0	.00		.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.000 \$		Ś	.00
HOSPITAL BASED	0	0	.00		.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.000	.00		.00
@REHABILITATION FACILITY	1	2 \$.004 \$		\$.13
HOSPITAL BASED	1	2	72.84	•	.004	72.84		.13
INDEPENDENT FACILITY	0	0	.00		.000	.00		.00
@LABORATORY FACILITY	19	48 \$.087 \$		\$	1.68
PATHOLOGY	19	48	926.20	•	.087	48.75		1.68
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	102	161 \$.293 \$		\$	31.43
CLINIC	4	6	147.93		.011	36.98		.27
SURGICENTER	0	0	.00		.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	100	155	17,137.01		.282	171.37		31.16
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT				PI	AGE 7,480
MOP024	FEE-FOR-SERVICE/I							01/17/03
MODOC COUNTY	SUMMARY OF SERVICE	ES FOR 46 MEDICA	LLY INDIGENT CHILD	DREN				

					MON'	THLY AVERAG	GE
550 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21	427 \$	4,361.57	\$ 10.21	.776 \$	207.69	\$ 7.93
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	90	1,426.05	15.85	.164	203.72	2.59
AMBULANCES/AIR TRANS	7	90	1,426.05	15.85	.164	203.72	2.59
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.004	105.00	.38
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.004	16.64	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	333	2,708.88	8.13	.605	246.26	4.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	12.41CR	\$ 12.41	.002CR\$.00	\$.02CR

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

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01/17/03

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024 FEE-FOR-SERVICE/DENTAL

MODOC COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

MODOC COUNTI	SUMMARI OF SERV	ICES FOR 4/ MIA - NO	SOC - AID PAID PE	INDING AID CC		III V ATTEDACE	,
OO ELICIPLES	HCEDC	INTER OF CEDVICE	EADENDIMIDEC	WIEDVCE COCH	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	PER ELIG	USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS OF CARE 0 \$.00	\$.00	.000 \$.00 \$	
- ,	0	0 \$		\$.00	·	.00 \$	
@PHYSICIANS SERVICES	0	0 \$.00		.000 \$		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00		.000		
HOME VISITS	0	0	.00	.00		.00	.00
EMERGENCY ROOM	0	0		.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.000		
OTHER OUTPATIENT	0	0		.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	•	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	U	•	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	U	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	•	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	•	· ·	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	· ·	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$ 0	.00	\$.00	.000 \$.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	ŭ	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	•	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0 0 \$.00	.00	.000	.00	.00
@DENTIST	0	0 \$ 0	.00	\$.00	.000 \$.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	•	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	•	0	.00	.00	.000	.00	.00
ENDODONTICS	0	•	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	•	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	ŭ	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 7,482
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

MODOC COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA	- NO	SOC - AID PAID PE	SNDIN	G AID CO				~=	
00							MOI				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				COST PER
_	_	OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	¢	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	۲	.00	.000	۲	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	Ü	Ü		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 7,483
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES I	FOR 47 MIA - NO	O SOC - AID PAID PENDIN	NG AID COD	Ε		

OUNDEST COUNTY	MOP024	FEE-FOR-SERVIC								01/17/03
O ELIGIBLES	MODOC COUNTY	SUMMARY OF SER	VICES FOR 47 MI	A - NO	SOC - AID PAID P	ENDING AID	CODE			
COMMUNITY HOSPITAL TOTAL							M	ONTHLY AVE	RAGE	
COMMUNITY HOSPITAL TOTAL	00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PE	R	COST PER
COMM HOSE INPATIENT TOTAL			OR DAYS OF CA	RE		PER UNIT/D	AY PER ELIG	USER		ELIGIBLE
HSC HOSPITALS	@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
NON-BSC MOSPITALS TOTAL	COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.0	0	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS O O O O O O O O O O O O O O O O O O O	HSC HOSPITALS	0	0		.00	.00	.000	.0	0	.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					. 0	0	
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O		0	0					. 0	0	
TRANSITIONAL IF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0							
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0							
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0							
INPATIENT CROSSOVERS ALL OTHER INPATIENT O O O O O O O O O O O O O O O O O O O		0	0							
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0							
COMM HOSP OUTPATIENT TOTAL 0		0	0							
MEDICAL SURGERY O O O O O O O O O O O O O O O O O O O		•	•							
SURCERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	0							
PATHOLOGY		0	0							
RADIOLOGY ROOM USE O ROOM USE O ROOM USE O ROOSSOVERS/ALL OTH OUTPINT O O O S STATE HOSPITAL O O S S O S O S O O S O O O O O O O O		0	0							
ROOM USE		U	U							
CROSSOVERS/ALL OTH OUTPTNT		0	•							
STATE HOSPITAL 0		0	•							
MENTALLY ILL O DEVELOP. DISABLED O O O O O O O O O O O O O O O O O O		0								
DEVELOP, DISABLED O O O O O O O O O O O O O	-	0	•	\$				•		
QNURSING FACILITY		0	•							
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· ·								
LEV B-REHAB MD	-	O .	•	\$						
LEV B-SUBACUTE FREESTANDING 0 0 0 00 00 00 00 00 00 00 00 100 100	LEV A-INTERMEDIATE	0								
LEV B-SUBACUTE HSPTL BASED 0 0 0 0 00 00 00 00 00 00 00 100 100 1	LEV B-REHAB MD	0	•		.00	.00	.000	.0	0	.00
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-SUBACUTE FREESTANDING	0	•		.00	.00	.000	.0	0	.00
LEV B-REGULAR 0 0 0 0 0 00 00 000 000 000 000 000 1 000 000 1 000 000 1 000 000 1 000 000 1 000 000 1 000 000 1 000 000 1 000 000 1 000 00	LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.0	0	.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 \$.00	LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0	0	.00
ICF DDH	LEV B-REGULAR	0	0		.00	.00	.000	.0	0	.00
ICF DD	@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
TOF DDN/DDCN	ICF DDH	0	0		.00	.00	.000	.0	0	.00
GHEMODIALYSIS TOTAL 0	ICF DD	0	0		.00	.00	.000	.0	0	.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 <td< td=""><td>ICF DDN/DDCN</td><td>0</td><td>0</td><td></td><td>.00</td><td>.00</td><td>.000</td><td>. 0</td><td>0</td><td>.00</td></td<>	ICF DDN/DDCN	0	0		.00	.00	.000	. 0	0	.00
HOSPITAL BASED 0 0 .00	@HEMODIALYSIS TOTAL	0	0	\$		\$.00	.000	\$.0	0 \$.00
HEMODIALYSIS CENTER 0 0 .00	-	0	0			•		•		
@REHABILITATION FACILITY 0 0 \$.00 \$.00		0	0							
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		Ś						
INDEPENDENT FACILITY 0 0 .00	-	0	•	Τ						
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00		0	•							
PATHOLOGY 0 0 .00 <td< td=""><td></td><td>•</td><td></td><td>¢</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		•		¢						
XO AND OTHERS 0 0 .00		O .	ŭ	Y				•		
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 \$.00 \$.00		0	0							
V		0		¢						
CLINIC 0 0 .00 .00 .00 .00 .00	-	•	•	Ą				•		
	CTINIC	U	U		.00	.00	.000	. 0	U	.00

0 .00 .00 .00 .00 SURGICENTER 0 .00 .00 .000 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC 0 .00 .00 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,484 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

MODOC COUNTI	SOMMANT OF SERV	VICES FOR 47 MIA	110 5	OC AID FAID FI	ENDING AID CO	יוטע		
00						MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MODOC COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,485 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MON	THLY AVERA	GE -	
01 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	2	14	\$	3,638.13	\$ 259.87	14.000 \$	1819.07	\$	3638.13
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
	0		0									
MAXILLOFACIAL SERVICES	U		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEN	DITUR	ES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 7,486
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 48	MIA	- NC	SOC - PREGNANT		AID CO	ODE				
								M	ONT	HLY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	Z 17 E	ERAGE COST			COST PER		COST PER
OI EDIGIDDES	OBERD	OR DAYS OF			EXIENDITORES		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
CODMOMDEDICE	0	OK DAIS OF			0.0							
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	Þ	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
MEDICINE/INJECTIONS	0		0	т	.00	Ψ	.00	.000	Τ.	.00	Τ.	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0									
RADIO./PATHOLOGY	0				.00		.00	.000		.00		.00
OTHER	U		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00		.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2		14	Ś	3,638.13	S	259.87	14.000	Ś	1819.07	\$	3638.13
HOSP INPATIENT TOTAL	1		4	·	3,484.00	·	871.00	4.000	•	3484.00		3484.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		1		3,484.00		871.00	4.000		3484.00		3484.00
	1		4		•							
ACCOMMODATIONS	1		4		3,483.95		870.99	4.000		3483.95		3483.95
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		4		3,483.95		870.99	4.000		3483.95		3483.95
ANCILLARIES	1		0		.05		.00	.000		.05		.05
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		10		154.13		15.41	10.000		77.07		154.13
MEDICAL	1		1		29.00		29.00	1.000		29.00		29.00
SURGERY	_ 1		1		30.63		30.63	1.000		30.63		30.63
PATHOLOGY	1		5		71.34		14.27	5.000		71.34		71.34
	0		0									
RADIOLOGY	•		-		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			3		23.16		7.72	3.000		11.58		23.16
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	•		-							. , ,		

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DE	C 2002	PAGE 7,487
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR 48 MIA - N	O SOC - PREGNANT	AID CC	DE		
					MON	THLY AVERAG	E
01 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST			COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	OR DAIS OF CARE	\$	3,638.13	\$	- ,	_		1819.07		-
COMM HOSP INPATIENT TOTAL	1	4	Y	3,484.00	Y	871.00	4.000	Ÿ	3484.00	Ÿ	3484.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	4		3,484.00		871.00	4.000		3484.00		3484.00
ACCOMMODATIONS	1	4		3,483.95		870.99	4.000		3483.95		3483.95
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		3,483.95		870.99	4.000		3483.95		3483.95
ANCILLARIES	1	0		.05		.00	.000		.05		.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	10		154.13		15.41	10.000		77.07		154.13
MEDICAL	1	1		29.00		29.00	1.000		29.00		29.00
SURGERY	1	1		30.63		30.63	1.000		30.63		30.63
PATHOLOGY	1	5		71.34		14.27	5.000		71.34		71.34
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	2	3		23.16		7.72	3.000		11.58		23.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00	.0	0.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.0	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.0	.000	.00		.00
XO AND OTHERS	0	0		.00	.0	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.0	.000	\$.00	\$.00
CLINIC	0	0		.00	.0	.000	.00		.00
SURGICENTER	0	0		.00	.0	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.0	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.0	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MONTH-OF-	PAYMENT RE	EPORT FOR J.	AN 2002 THRU	DEC 2002	PAGI	5 7 , 488
MOP024	FEE-FOR-SERVICE/DE	NTAL						(01/17/03
MODOC COUNTY	SUMMARY OF SERVICE	S FOR 48 MIA	- NO SOC - P	REGNANT	AI	D CODE			
						N	ONTHLY AVERA	AGE	
01 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPE	NDITURES	AVERAGE C	OST UNITS/DAY	S COST PER	COS	ST PER

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,489 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							M	DN.T	HLY AVERA	ŒΕ	
01 ELIGIBLES	USERS	UNITS OF SERVICE	<u> </u>	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	C		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2	14	\$	3,638.13	\$	259.87	14.000	\$	1819.07	\$	3638.13
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0		0			.00		.00		.000		.00		.00
OFFICE VISITS	0		0			.00		.00		.000		.00		.00
HOME VISITS	0		0			.00		.00		.000		.00		.00
EMERGENCY ROOM	0		0			.00		.00		.000		.00		.00
PREVENTIVE CARE	0		0			.00		.00		.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.00		.00		.000		.00		.00
OTHER OUTPATIENT	0		0			.00		.00		.000		.00		.00
INPATIENT VISITS	0		0			.00		.00		.000		.00		.00
HOSPITAL VISITS	0		0			.00		.00		.000		.00		.00
CRITICAL CARE	0		0			.00		.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00		.000		.00		.00
EXAMINATIONS	0		0			.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00		.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00		.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00		.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00		.000		.00		.00
DIALYSIS	0		0			.00		.00		.000		.00		.00
PATHOLOGY	0		0			.00		.00		.000		.00		.00
RADIOLOGY	0		0			.00		.00		.000		.00		.00
PSYCHIATRY	0		0			.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00		.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00		.000	\$.00	Ċ	.00
PRESCRIPTION DRUGS	0		0	Y		.00	Y	.00		.000	Y	.00	Y	.00
SNF/ICF	0		0			.00		.00		.000		.00		.00
OUTPATIENTS	0		0			.00		.00		.000		.00		.00
MEDICAL SUPPLIES	0		0			.00		.00		.000		.00		.00
@DENTIST	0		0	\$.00	\$.00		.000	\$		\$.00
VISITS - DIAGNOSTIC	0		0	Y		.00	Y	.00		.000	Y	.00	Y	.00
ORAL SURGERY	0		0			.00		.00		.000		.00		.00
DRUGS	0		0			.00				.000		.00		.00
ANESTHESIA	0		0					.00		.000		.00		
PERIODONTICS	0		0			.00		.00		.000		.00		.00
ENDODONTICS	0		0			.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0		0					.00				.00		
	0		0			.00				.000				.00
PROSTHETICS	0		0			.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00		.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	10 3ND 511	0	па .	40NIELI OE D33774	.00		.00	2002	.000	DEC	.00	DAGE	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		PENDITUR	ES N	IONTH-OF-PAYME	SNT R	EPORT FOR	JAN	2002	THRU	DEC	2002		7,490
MOPO24	FEE-FOR-SERVICE,		40 3 7 7	N/T 7	NO COC								UΙ	/17/03
MODOC COUNTY	SUMMARY OF SERV	LCES FOR	49 ALL	МТИ	- NO SOC						○	IT 37 A 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	~ E	
01 FLICTPIEC	HOEDO	IINITEC OF	CEDIALCE		EADENDIE	TDEC	717ED 7 CE	COCE				HLY AVERA		
01 ELIGIBLES	USERS	UNITS OF			EXPENDIT	JKES						COST PER	COST	
A ∩ PTOMETRIST	Λ	OK DAYS	OF CARE	Ċ		0.0	PER UNI					USER	ELIG	UU TRTE

0

@OPTOMETRIST

DIAGNOSTIC AND ANC. PROCED

0 \$

0

@CHIROPRACTOR 0 0 \$.00 \$.00 </th <th>.00</th> <th></th> <th>.00</th> <th>.000</th> <th>.00</th> <th>.00</th> <th>0</th> <th>0</th> <th>EYE APPLIANCES</th>	.00		.00	.000	.00	.00	0	0	EYE APPLIANCES
VISITS 0 0 .00	.00		.00	.000	.00	.00	0	0	OTHER OPTOMETRIC SERVICES
OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 <td>.00</td> <td></td> <td>\$.00</td> <td>\$.000</td> <td>.00</td> <td>\$.00</td> <td>\$ 0</td> <td>0</td> <td>@CHIROPRACTOR</td>	.00		\$.00	\$.000	.00	\$.00	\$ 0	0	@CHIROPRACTOR
@PODIATRIST 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td> <td>0</td> <td>0</td> <td>VISITS</td>	.00		.00	.000	.00	.00	0	0	VISITS
MEDICINE/INJECTIONS 0 0 .00	.00		.00	.000	.00	.00	0	0	OTHER SERVICES
SURGERY/ANES. 0 0 .00 .00 .00 .00 .00 RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	.00		\$.00	\$.000	.00	\$.00	\$ 0	0	@PODIATRIST
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	.00		.00	.000	.00	.00	0	0	MEDICINE/INJECTIONS
	.00		.00	.000	.00	.00	0	0	SURGERY/ANES.
OTHER 0 0 .00 .00 .00 .00 .00 .00	.00		.00	.000	.00	.00	0	0	RADIO./PATHOLOGY
	.00		.00	.000	.00	.00	0	0	OTHER
@HOME HEALTH AGENCY 0 0 \$.00 \$.00 \$.00 \$.00	.00		\$.00	\$.000	.00	\$.00	\$ 0	0	@HOME HEALTH AGENCY
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00	.00		\$.00	\$.000	.00	\$.00	\$ 0	0	NURSE ANESTHESIST
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00	.00		\$.00	\$.000	.00	\$.00	\$ 0	0	NURSE MIDWIFE
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00	.00		\$.00	\$.000	.00	\$.00	\$ 0	0	PEDIATRIC NURSE PRACTITIONER
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00	.00		\$.00	\$.000	.00	\$.00	\$ 0	0	FAMILY NURSE PRACTITIONER
@TOTAL HOSPITAL 2 14 \$ 3,638.13 \$ 259.87 14.000 \$ 1819.07 \$ 3638.1	3.13	363	\$ 1819.07	\$ 14.000	259.87	\$ 3,638.13	\$ 14	2	@TOTAL HOSPITAL
HOSP INPATIENT TOTAL 1 4 3,484.00 871.00 4.000 3484.00 3484.0	1.00	348	3484.00	4.000	871.00	3,484.00	4	1	HOSP INPATIENT TOTAL
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00	.00		.00	.000	.00	.00	0	0	HSC HOSPITALS
NON-HSC HOSPITAL TOTAL 1 4 3,484.00 871.00 4.000 3484.00 3484.0	1.00	348	3484.00	4.000	871.00	3,484.00	4	1	NON-HSC HOSPITAL TOTAL
ACCOMMODATIONS 1 4 3,483.95 870.99 4.000 3483.95 3483.9	3.95	348	3483.95	4.000	870.99	3,483.95	4	1	ACCOMMODATIONS
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00	.00		.00	.000	.00	.00	0	0	ADMINISTRATIVE DAYS
	.00		.00	.000		.00	0	0	TRANSITIONAL IP CARE
ALL OTHER ACCOM 1 4 3,483.95 870.99 4.000 3483.95 3483.9	3.95	348	3483.95	4.000	870.99	3,483.95	4	1	ALL OTHER ACCOM
ANCILLARIES 1 0 .05 .00 .000 .05 .0	.05		.05	.000	.00	.05	0	1	ANCILLARIES
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00	.00		.00	.000	.00	.00	0	0	INPATIENT CROSSOVERS
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	.00		.00	.000	.00	.00	0	0	ALL OTHER INPATIENT
HOSP OUTPATIENT TOTAL 2 10 154.13 15.41 10.000 77.07 154.1	1.13	15	77.07	10.000	15.41	154.13	10	2	HOSP OUTPATIENT TOTAL
MEDICAL 1 1 29.00 29.00 1.000 29.00 29.00).00	2 '	29.00	1.000	29.00	29.00	1	1	MEDICAL
SURGERY 1 1 30.63 30.63 1.000 30.63 30.63	1.63	31	30.63	1.000	30.63	30.63	1	1	SURGERY
PATHOLOGY 1 5 71.34 14.27 5.000 71.34 71.3	34	7	71.34	5.000	14.27	71.34	5	1	PATHOLOGY
	.00						0	0	
ROOM USE 0 0 .00 .00 .00 .00 .00 .00	.00		.00	.000	.00	.00	0	0	ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	2	3		23.16		7.72	3.000	11.58		23.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-OF-P	AYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC 2002	PA	GE 7,491
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO SOC							

MODOC COUNTI	SOMMANT OF SEN	VICES FOR 49 ALL	MIT	NO 50C					
							NTHLY AVERA		
01 ELIGIBLES	USERS	UNITS OF SERVIC	€	EXPENDITURES	AVERAGE COST		COST PER	COS	ST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	2	14	\$	3,638.13	\$ 259.87	14.000	\$ 1819.07	\$ 3	638.13
COMM HOSP INPATIENT TOTAL	1	4		3,484.00	871.00	4.000	3484.00	3	484.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	4		3,484.00	871.00	4.000	3484.00	3	484.00
ACCOMMODATIONS	1	4		3,483.95	870.99	4.000	3483.95	3	483.95
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	4		3,483.95	870.99	4.000	3483.95	3	483.95
ANCILLARIES	1	0		.05	.00	.000	.05		.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2	10		154.13	15.41	10.000	77.07		154.13
MEDICAL	1	1		29.00	29.00	1.000	29.00		29.00
SURGERY	1	1		30.63	30.63	1.000	30.63		30.63
PATHOLOGY	1	5		71.34	14.27	5.000	71.34		71.34
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	2	3		23.16	7.72	3.000	11.58		23.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF	-PAYMENT RE	PORT I	FOR JAN 200)2 THRU	DEC 2	2002	PAGE	7 , 492
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO SO	C							

01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .000 \$ @XOVER EXCLUDING STATE HOSP** \$.00 \$.00

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

MODOG GOVINEY		TORG FOR FO MIN GOO	T THO	TTD C			
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 50 MIA - SOC	- LTC	AID C			Ω.Π.
00					MON'		
22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22	860 \$	120,449.27	\$ 140.06	39.091 \$	5474.97	\$ 5474.97
@PHYSICIANS SERVICES	3	5 \$	68.43	\$ 13.69	.227 \$	22.81	\$ 3.11
OUTPATIENT VISITS	1	1	18.10	18.10	.045	18.10	.82
OFFICE VISITS	1	1	18.10	18.10	.045	18.10	.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0					.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	•	<u> </u>	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	45.79	45.79	.045	45.79	2.08
PRINCIPAL SURGEON	1	1	45.79	45.79	.045	45.79	2.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	4.54	1.51	.136	4.54	.21
@PHARMACY	20	111 \$	6,588.73	\$ 59.36	5.045 \$	329.44	\$ 299.49
PRESCRIPTION DRUGS	20	111	6,588.73	59.36	5.045	329.44	299.49
SNF/ICF	17	97	5,960.54	61.45	4.409	350.62	270.93
OUTPATIENTS	4	14	628.19	44.87	.636	157.05	28.55
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	0	-	.00	.00	.000	.00	.00
DRUGS	•	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON					PAGE 7,494
MOP024	FEE-FOR-SERVICE					-	01/17/03

MODOC COUNTY	SUMMARY OF SERV	ICES FOR	50 MIA	- SOC -	LTC	AID CC				~-	
						 	MO			GE.	
22 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		UNITS/DAYS	S (COST PER
_		OR DAYS	OF CARE			UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1		4	\$	53.85	\$ 13.46	.182	Ş	53.85	Ş	2.45
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000		.00		.00
EYE APPLIANCES	1		2		31.80	15.90	.091		31.80		1.45
OTHER OPTOMETRIC SERVICES	1		2		22.05	11.03	.091		22.05		1.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$		\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
MEDICAL	0		0		.00	.00	.000		.00		.00
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
RADIOLOGY	0		0		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
MEDICAL	0		0		.00	.00	.000		.00		.00
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
RADIOLOGY	0		0		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,495 MOP024 FEE-FOR-SERVICE/DENTAL

MODOC COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

						MC	TNC	HLY AVERA	.GE	
22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER <i>A</i>	GE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	20	687	\$ 109,877.31	\$ 1	.59.94	31.227	\$	5493.87	\$	4994.42
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	20	687		109,877.31		159.94	31.227		5493.87		4994.42
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	16	47	\$	3 , 295.02	\$	70.11	2.136	\$	205.94	\$	149.77
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16	47		3,295.02		70.11	2.136		205.94		149.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	Ρ	AGE 7,496
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	50 MI	A - S	OC - LTC		AID (CODE				
							M	ONT	HLY AVERA	GE.	

					MON	THLY AVERA	GE
22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 565.93	\$ 94.32	.273 \$	282.97	\$ 25.72
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.091	26.08	1.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	539.85	134.96	.182	269.93	24.54
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 3 10 \$ 603.76 \$ 60.38 .455 \$ 201.25 \$ 27.44

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,497

MOP024 FEE-FOR-SERVICE/DENTAL

SPACE MAINTAINERS

MODOC COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF OR DAYS	SERVICE OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
DIALYSIS	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
PSYCHIATRY	0		0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00
SNF/ICF	0		0	.00	.00	.000	.00	.00
OUTPATIENTS	0		0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00
ORAL SURGERY	0		0	.00	.00	.000	.00	.00
DRUGS	0		0	.00	.00	.000	.00	.00
ANESTHESIA	0		0	.00	.00	.000	.00	.00
PERIODONTICS	0		0	.00	.00	.000	.00	.00
ENDODONTICS	0		0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00

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MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	7,498
MOP024	FEE-FOR-SERVICE/DENTA	т.					01/	17/03

AID CODE

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

MODOC COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 \$.00 .00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 .00 @PODIATRIST .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 Ś .00 .000 \$.00 Ś .00 NURSE ANESTHESIST 0 .00 \$.00 .000 Ś .00 Ś .00 0 Ś .00 .000 Ś NURSE MIDWIFE .00 Ś .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 . 00 .000 .00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 .000 HOSP OUTPATIENT TOTAL .00 .00 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 . 00 .000 . 00 . 00 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 .000 .00 \$.00 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

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MODOC COUNTY	SUMMARY OF SER		51 MIA -	- soc	- PREGNANT		AID CO	ODE				01/1//0.
								MC	HTMC	LY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE 7,500
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	OC - PREGNANT	AID CODE			

			-		MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,501
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

MODOC COUNTY	SUMMARY OF SER	VICES FOR 52 AL	L MIA	- SOC						
						MC	TINC	HLY AVERA	.GE	
22 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		UNITS/DAYS	S (COST PER		COST PER
		OR DAYS OF CA	RE			PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	22	860	\$	120,449.27	40.06	39.091		5474.97		5474.97
@PHYSICIANS SERVICES	3	5	\$	68.43	13.69	.227	\$	22.81	\$	3.11
OUTPATIENT VISITS	1	1		18.10	18.10	.045		18.10		.82
OFFICE VISITS	1	1		18.10	18.10	.045		18.10		.82
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		45.79	45.79	.045		45.79		2.08
PRINCIPAL SURGEON	1	1		45.79	45.79	.045		45.79		2.08
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	3		4.54	1.51	.136		4.54		.21
@PHARMACY	20	111	\$	6,588.73	\$ 59.36	5.045	\$	329.44	\$	299.49
PRESCRIPTION DRUGS	20	111		6,588.73	59.36	5.045		329.44		299.49
SNF/ICF	17	97		5,960.54	61.45	4.409		350.62		270.93
OUTPATIENTS	4	14		628.19	44.87	.636		157.05		28.55
MEDICAL SUPPLIES	0	0		.00	.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000		.00		.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 7,502
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

							M	TNC	HLY AVERA	GE	
22 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	2		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	53.85	\$	13.46	.182	\$	53.85	\$	2.45
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	2		31.80		15.90	.091		31.80		1.45
OTHER OPTOMETRIC SERVICES	1	2		22.05		11.03	.091		22.05		1.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,503
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FO	R 52 ALL MIA	A - SOC				

MODOC COUNTY	SUMMARY OF SER	VICES FOR	52 ALL	MIA	A - SOC						~-	
00 ======				_				Mo			-	
22 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST		3	COST PER		COST PER
		OR DAYS					R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	20		687	\$	109,877.31	\$	159.94	31.227	\$	5493.87	\$	4994.42
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	20		687		109,877.31		159.94	31.227		5493.87		4994.42
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	·	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		Ō	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	•	.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	16	47 \$	3,295.02	\$	70.11	2.136	\$ 205.94	\$	149.77
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	16	47	3,295.02		70.11	2.136	205.94		149.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU D	EC 2002	P.	AGE 7,504
MOP024	FEE-FOR-SERVICE/DENTAL	ı							01/17/03

----- MONTHLY AVERAGE -----

MODOC COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	00210	OR DAYS OF CARE	2111 2113 1 1 01120	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	6 \$	565.93	\$ 94.32	.273 \$		\$ 25.72
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.091	26.08	1.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	539.85	134.96	.182	269.93	24.54
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	3	10 \$	603.76	\$ 60.38	.455 \$	201.25	\$ 27.44

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,505 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MC	NTHLY AVER.	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU:	RES MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 7,506
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COLINEY	CHMMADY OF CEDUTCEC FOR	53 EOD	שמווחוום	IICE					

MODOC COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

MODOC COONTI	SOMMANT OF SER	VICES FOR	JJ FOR I	COLOKE	05E			3.6	_ N.T.III		C.E.	
0.0 51 56151 56			0=D11=0=			3	~= ~~~=	M			GE.	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
0.0000000000000000000000000000000000000	ā	OR DAYS		_	0.0		VIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF-	PAYMENT RE	PORT FOR	JAN 2	002 THRU DE	C 2002	PAGE 7,507
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE						

----- MONTHLY AVERAGE -----

AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 ROOM USE 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL .00 . 00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .000 @NURSING FACILITY .00 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .000 0 .00 .00 .000 .00 .00 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 .00 ICF DDH .00 .00 .000 .00 .00

.00

.00

.000

.00

.00

ICF DD

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH-O	F-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	7,508
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	1/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE								

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	HLY AVERA	GE
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24	874 \$	124,087.40	\$ 141.98	38.000 \$	5170.31	\$ 5395.10
@PHYSICIANS SERVICES	3	5 \$	68.43	\$ 13.69	.217 \$	22.81	\$ 2.98
OUTPATIENT VISITS	1	1	18.10	18.10	.043	18.10	.79
OFFICE VISITS	1	1	18.10	18.10	.043	18.10	.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	45.79	45.79	.043	45.79	1.99
PRINCIPAL SURGEON	1	1	45.79	45.79	.043	45.79	1.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	4.54	1.51	.130	4.54	.20
@PHARMACY	20	111 \$	6,588.73	\$ 59.36	4.826 \$	329.44	
PRESCRIPTION DRUGS	20	111	6,588.73	59.36	4.826	329.44	286.47
SNF/ICF	17	97	5,960.54	61.45	4.217	350.62	259.15
OUTPATIENTS	4	14	628.19	44.87	.609	157.05	27.31
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PROSTHETICS DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0			.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00			.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	•	U CES AND EXPENDITURES MOI	.00	.00	.000	.00.	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		NIU-OL-LAIMENI KE	LIONI FUR JAN .	ZUUZ INKU DEC	~ ~ ~ 0 0 ~	PAGE 7,510

FEE-FOR-SERVICE/DENTAL

01/17/03

HODGC COUNTY	DOIMMIN OF DER	VICES FOR STREET		I INDIGENT MEGETS			M	ОИТ	HLY AVERA	GE	
23 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	ΔVI	ERAGE COST			COST PER	-	COST PER
29 111011110	ОВЫКО	OR DAYS OF CAR		EXTENDITORES		R UNIT/DAY	PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	53.85	Ś	13.46	.174		53.85	Ś	2.34
DIAGNOSTIC AND ANC. PROCED	0	0	Τ	.00	т	.00	.000	т	.00	т	.00
EYE APPLIANCES	1	2		31.80		15.90	.087		31.80		1.38
OTHER OPTOMETRIC SERVICES	1	2		22.05		11.03	.087		22.05		.96
@CHIROPRACTOR	0	0	\$.00	\$.00		Ś	.00	Ś	.00
VISITS	Ō	Ō	•	.00	'	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	14	\$	3,638.13	\$	259.87	.609	\$	1819.07	\$	158.18
HOSP INPATIENT TOTAL	1	4		3,484.00		871.00	.174		3484.00		151.48
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	4		3,484.00		871.00	.174		3484.00		151.48
ACCOMMODATIONS	1	4		3,483.95		870.99	.174		3483.95		151.48
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		3,483.95		870.99	.174		3483.95		151.48
ANCILLARIES	1	0		.05		.00	.000		.05		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	2	10		154.13	15.41	.435	77.07	(6.70
MEDICAL	1	1		29.00	29.00	.043	29.00		1.26
SURGERY	1	1		30.63	30.63	.043	30.63	-	1.33
PATHOLOGY	1	5		71.34	14.27	.217	71.34	3	3.10
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	2	3		23.16	7.72	.130	11.58	1	1.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002		7,511
MOP024	FEE-FOR-SERVICE/DENTAL							01,	/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	54 MED	ICALLY	INDIGENT ADULTS					

MODOC COUNTI	SOMMANT OF SER	VICED FOR	J4 MEDI	CALLI	INDIGENI ADOBIS		N	יינע ריי	HLY AVERA	CE	
23 ELIGIBLES	USERS	UNITS OF	CEDVICE	,	EXPENDITURES	AVERAGE C			COST PER	UE	COST PER
52 ETIGIPTE2	USEKS	OR DAYS	-		EXECUDITORES	PER UNIT/		-	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	OK DAIS	14	\$	3,638.13	\$ 259.8			1819.07	Ś	158.18
COMM HOSP INPATIENT TOTAL			14	۲	•	871.0		ې		۲	
	1		4		3,484.00				3484.00		151.48
HSC HOSPITALS	0		0		.00	.0			.00		.00
NON-HSC HOSPITALS TOTAL	1		4		3,484.00	871.0			3484.00		151.48
ACCOMMODATIONS	Ţ		4		3,483.95	870.9			3483.95		151.48
ADMINISTRATIVE DAYS	0		0		.00	.0			.00		.00
TRANSITIONAL IP CARE	0		0		.00	.0			.00		.00
ALL OTHER ACCOM	1		4		3,483.95	870.9			3483.95		151.48
ANCILLARIES	1		0		.05	.0	0 .000		.05		.00
INPATIENT CROSSOVERS	0		0		.00	.0	0 .000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.0	0 .000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		10		154.13	15.4	1 .435		77.07		6.70
MEDICAL	1		1		29.00	29.0	0 .043		29.00		1.26
SURGERY	1		1		30.63	30.6	3 .043		30.63		1.33
PATHOLOGY	1		5		71.34	14.2	7 .217		71.34		3.10
RADIOLOGY	0		0		.00	.0	0 .000		.00		.00
ROOM USE	0		0		.00	.0	0 .000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2		3		23.16	7.7	2 .130		11.58		1.01
@STATE HOSPITAL	0		0	\$.00	\$.0	0 .000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.0	0 .000		.00		.00
DEVELOP. DISABLED	0		0		.00	.0	0 .000		.00		.00
@NURSING FACILITY	20		687	\$	109,877.31	\$ 159.9	4 29.870	\$	5493.87	\$	4777.27
LEV A-INTERMEDIATE	0		0		.00	.0			.00		.00
LEV B-REHAB MD	0		0		.00	.0			.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.0			.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	20	687		109,877.31		159.94	29.870		5493.87		4777.27
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	16	47	\$	3,295.02	\$	70.11	2.043	\$	205.94	\$	143.26
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16	47		3,295.02		70.11	2.043		205.94		143.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	JRES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 7,512
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	54 MEI	DICALLY	' INDIGENT ADULTS							

----- MONTHLY AVERAGE -----23 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 6 565.93 94.32 .261 \$ 282.97 \$ 24.61 .00 .00 DURABLE MED. EQUIP. .00 .000 .00 BLOOD BANK .00 .00 .000 .00 .00 .00 .00 .00 HEARING AID DISPENSERS .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 .00 .000 AMBULANCES/AIR TRANS .00 .00 .00 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 26.08 13.04 .087 26.08 1.13 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .000 PORTABLE X-RAY .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 . 00 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .174 ALL OTHER PROVIDERS 539.85 134.96 269.93 23.47 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 3 10 \$ 603.76 \$ 60.38 .435 \$ 201.25 \$ 26.25

PAGE 7,513

----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MODOC COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

2,074 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,888	35,532 \$	4,207,414.13	\$ 118.41	17.132 \$		
@PHYSICIANS SERVICES	192	678 \$	8,183.29	\$ 12.07	.327 \$		
OUTPATIENT VISITS	2	2	118.56	59.28	.001	59.28	.06
OFFICE VISITS	1	1	37.50	37.50	.000	37.50	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	81.06	81.06	.000	81.06	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	192	676	8,064.73	11.93	.326	42.00	3.89
@PHARMACY	1,538	8 , 577 \$		\$ 45.04	4.135 \$		
PRESCRIPTION DRUGS	1,532	7,031	378,048.29	53.77	3.390	246.77	182.28
SNF/ICF	610	3,126	166,680.32	53.32	1.507	273.25	80.37
OUTPATIENTS	983	3,905	211,367.97	54.13	1.883	215.02	101.91
MEDICAL SUPPLIES	53	1,546	8,250.13	5.34	.745	155.66	3.98
@DENTIST	8	19 \$	995.00	\$ 52.37	.009 \$		
VISITS - DIAGNOSTIC	4	6	45.00	7.50	.003	11.25	.02
ORAL SURGERY	1	1	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	8	.00	.00	.004	.00	.00
PROSTHETICS	0	0 3	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	0	950.00	316.67	.001	475.00	.46
SPACE MAINTAINERS	0	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 7,514
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES	FOR 55 ALL AGE	D				

							M	ONT	HLY AVERA	GE.	
2,074 ELIGIBLES	USERS	UNITS OF SERVIC	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
•		OR DAYS OF CAR			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	71	148	\$	2,706.86	\$	18.29	.071	\$	38.12	\$	1.31
DIAGNOSTIC AND ANC. PROCED	5	5		237.25		47.45	.002		47.45		.11
EYE APPLIANCES	38	93		1,549.45		16.66	.045		40.78		.75
OTHER OPTOMETRIC SERVICES	33	50		920.16		18.40	.024		27.88		.44
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	113.79	\$	28.45	.002	\$	28.45	\$.05
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		113.79		28.45	.002		28.45		.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	260	1,147	\$	46,728.86	\$	40.74	.553	\$	179.73	\$	22.53
HOSP INPATIENT TOTAL	29	138		21,152.97		153.28	.067		729.41		10.20
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	29	138		21,152.97		153.28	.067		729.41		10.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	239	1,009		25,575.89		25.35	.486		107.01		12.33
MEDICAL	0	0		59.10		.00	.000		.00		.03
SURGERY	1	1		23.89		23.89	.000		23.89		.01
PATHOLOGY	1	1		54.51		54.51	.000		54.51		.03
RADIOLOGY	3	3		1,239.31		413.10	.001		413.10		.60
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	235	1,004		24,199.08		24.10	.484		102.97		11.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 7,515
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 55 ALL AG	GED				
					MON	ITHLY AVERA	GE
2,074 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	260	1,147 \$	46,728.86	\$ 40.74	.553	179.73	\$ 22.53
COMM HOSP INPATIENT TOTAL	29	138	21,152.97	153.28	.067	729.41	10.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	138	21,152.97	153.28	.067	729.41	10.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	239	1,009	25,575.89		.486	107.01	12.33
MEDICAL	0	0	59.10		.000	.00	.03
SURGERY	1	1	23.89		.000	23.89	.01
PATHOLOGY	1	1	54.51		.000	54.51	.03
RADIOLOGY	3	3	1,239.31	413.10	.001	413.10	.60
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	235	1,004	24,199.08		.484	102.97	11.67
@STATE HOSPITAL	0	0 \$.00) \$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	739	22,248	\$	3,673,287.08	\$	165.11	10.727	\$	4970.62	\$	1771.11
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	739	22,248		3,673,287.08		165.11	10.727		4970.62		1771.11
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	11	\$	5,813.17	\$	528.47	.005	\$	645.91	\$	2.80
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	11		5,813.17		528.47	.005		645.91		2.80
@REHABILITATION FACILITY	1	1	\$	29.89	\$	29.89	.000	\$	29.89	\$.01
HOSPITAL BASED	1	1		29.89		29.89	.000		29.89		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	27	\$	389.42	\$	14.42	.013	\$	43.27	\$.19
PATHOLOGY	4	20		346.69		17.33	.010		86.67		.17
XO AND OTHERS	5	7		42.73		6.10	.003		8.55		.02
@ORGANIZED OUTPATIENT CLINIC	691	1,274	\$	57 , 939.66	\$	45.48	.614	\$	83.85	\$	27.94
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	691	1,274		57 , 939.66		45.48	.614		83.85		27.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES 1	MONTH-OF-PAYMENT RE	POR	r for Jan	2002 THRU	DEC	2002	P	AGE 7,516
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

2,074 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 225 .674 \$ 110.79 \$ @ALL OTHER PROVIDERS 1,398 24,928.69 17.83 12.02 282.13 846.39 DURABLE MED. EQUIP. 10 30 8,463.91 .014 4.08 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 2,073.21 .004 518.30 230.36 1.00 MEDICAL TRANSPORTATION 86 1,278.62 14.87 .041 319.66 .62 AMBULANCES/AIR TRANS 135.95 22.66 .003 135.95 .07 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 80 1,142.67 14.28 .039 380.89 .55 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 38 86 1,116.31 12.98 29.38 OPTICIAN .041 .54 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 PROSTHETICS .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ORTHOTICS .000 0 .00 .00 .000 .00 .00 PSYCHOLOGIST 22 SPEECH AND AUDIOLOGY 11 1,996.63 90.76 .011 181.51 .96 HOSPICE SERVICES 0 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	161	1,165	10,000.01	8.58	.562	62.11	4.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	610	2,301	\$ 94,386.41	\$ 41.02	1.109	\$ 154.73	\$ 45.51

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,517 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND ----- MONTHLY AVERAGE -----41 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 17.585 \$ 1551.98 \$ 1816.96 @TOTAL, ALL PROVIDERS 48 721 74,495.17 \$ 103.32 15 94.20 6.28 .366 \$ 23.55 \$ @PHYSICIANS SERVICES .00 0 0 .00 .000 .00 .00 OUTPATIENT VISITS .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 EXAMINATIONS .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 . 00 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 94.20 15 6.28 .366 23.55 2.30 OTHER SERVICES/ALL X-OVERS @PHARMACY 40 248 12,356.57 49.82 6.049 \$ 308.91 \$ 301.38 305.73 PRESCRIPTION DRUGS 183 11,617.84 63.49 4.463 283.36 SNF/ICF 12 49 4,521.35 92.27 1.195 376.78 110.28 134 3.268 OUTPATIENTS 7,096.49 52.96 272.94 173.09 65 738.73 11.37 1.585 369.37 18.02 MEDICAL SUPPLIES 0 .00 .00 .000 \$.00 \$ @DENTIST .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 ORAL SURGERY 0 .00 .00 .000 .00 .00 .000 DRUGS .00 .00 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 7,518
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

110200 0001111	00111111111	.1020 1010 00 1122	222112				M	ONT	HLY AVERA	GE	
41 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST			COST PER	-	COST PER
		OR DAYS OF CAR				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	Ś	.00	.000		.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0	Ō	'	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	Ō	0	•	.00	·	.00	.000	•	.00	·	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	10	\$	420.31	\$	42.03	.244	\$	46.70	\$	10.25
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	10		420.31		42.03	.244		46.70		10.25
MEDICAL	1	1		12.79		12.79	.024		12.79		.31
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	8	9		407.52		45.28	.220		50.94		9.94
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,519
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	56 ALL BL	IND				

----- MONTHLY AVERAGE -----

41 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
GOOMMINITES HOODIEST HORST	0	OR DAYS OF CARE	\$	420.31	PEI \$	R UNIT/DAY 42.03	PER ELIG		USER 46.70		ELIGIBLE 10.25
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	9	0	Ş	.00	Ş	.00	.000	Ş	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0							.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000				
ACCOMMODATIONS	0	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	U		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	10		420.31		42.03	.244		46.70		10.25
MEDICAL	1	1		12.79		12.79	.024		12.79		.31
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	8	9		407.52		45.28	.220		50.94		9.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	364	\$	58,019.08	\$	159.39	8.878	\$	4834.92	\$	1415.10
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	364		58,019.08		159.39	8.878		4834.92		1415.10
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	Ō	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	•	.00

INDEPENDENT FACILITY	Λ		n	.00	1	.00	.000	.00		.00
@LABORATORY FACILITY	1		5 1 \$	22.59		22.59		\$ 22.59	Ś	.55
PATHOLOGY	1		1	22.59		22.59	.024	22.59	τ	.55
XO AND OTHERS	0		0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2.3	4	9 \$	2,748.68		56.10	1.195	\$ 119.51	Ś	67.04
CLINIC	0		0	.00		.00	.000	.00		.00
SURGICENTER	0		0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0	.00)	.00	.000	.00		.00
RURAL HEALTH CLINIC	23	4	9	2,748.68	}	56.10	1.195	119.51		67.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPEND	ITURES	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2002 THRU I	EC 2002	P	AGE 7,520
MOP024	FEE-FOR-SERVICE/	/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVI	ICES FOR 56	ALL BL	IND						
							MC	NTHLY AVERA	4GE	
41 ELIGIBLES	USERS	UNITS OF SER	VICE	EXPENDITURES	aV.	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF				R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	10	3	4 \$	833.74		24.52	.829	\$ 83.37	\$	20.34
DURABLE MED. EQUIP.	1		1	168.28		168.28	.024	168.28		4.10
BLOOD BANK	0		0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0		0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0	.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0	.00		.00	.000	.00		.00
OTHER TRANS	0		0	.00		.00	.000	.00		.00
OTHER SERVICES	0		0	.00)	.00	.000	.00		.00

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ACUPUNCTURE

OPTICIAN

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	33	665.46	20.17	.805	66.55	16.23
@CALIF. CHILDREN SERVICES*	2	65	\$ 738.73	\$ 11.37	1.585	\$ 369.37	\$ 18.02
@XOVER EXCLUDING STATE HOSP**	19	59	\$ 1,520.89	\$ 25.78	1.439	\$ 80.05	\$ 37.09

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 7,521

01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

MODOC COONTI	SOMMAN OF SEN	VICED FOR 57 ALL	DIDE	ADDED				~=	
4 154			_				NTHLY AVERA		
4,174 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
	2 625	OR DAYS OF CAR		2 222 522 25	PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	3,635	57,391	\$	3,238,708.96	\$ 56.43	13.750			
@PHYSICIANS SERVICES	760	2,471	\$		\$ 54.22	.592		Ş	32.10
OUTPATIENT VISITS	368	515		18,386.75	35.70	.123	49.96		4.41
OFFICE VISITS	314	436		14,123.68	32.39	.104	44.98		3.38
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	44	48		2,899.90	60.41	.011	65.91		.69
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	6	8		549.67	68.71	.002	91.61		.13
OTHER OUTPATIENT	22	23		813.50	35.37	.006	36.98		.19
INPATIENT VISITS	63	255		12,210.05	47.88	.061	193.81		2.93
HOSPITAL VISITS	42	194		8,990.41	46.34	.046	214.06		2.15
CRITICAL CARE	7	20		2,369.30	118.47	.005	338.47		.57
SNF/ICF/TRANS IP CARE	21	41		850.34	20.74	.010	40.49		.20
OPHTHALMOLOGICAL SERVICES	10	10		437.50	43.75	.002	43.75		.10
EXAMINATIONS	10	10		437.50	43.75	.002	43.75		.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	40	309		42,142.48	136.38	.074	1053.56		10.10
PRINCIPAL SURGEON	34	57		34,646.44	607.83	.014	1019.01		8.30
ASSISTANT SURGEON	8	8		2,275.49	284.44	.002	284.44		.55
ANESTHESIOLOGIST	13	244		5,220.55	21.40	.058	401.58		1.25
OUTPATIENT SURGERY	72	130		15,896.48	122.28	.031	220.78		3.81
PRINCIPAL SURGEON	66	85		14,250.43	167.65	.020	215.92		3.41
ASSISTANT SURGEON	3	3		372.74	124.25	.001	124.25		.09
ANESTHESIOLOGIST	8	42		1,273.31	30.32	.010	159.16		.31
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	77	103		1,484.51	14.41	.025	19.28		.36
RADIOLOGY	138	281		12,013.59	42.75	.067	87.06		2.88
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	28	50		2,045.13	40.90	.012	73.04		.49
OTHER SERVICES/ALL X-OVERS	281	818		29,368.21	35.90	.196	104.51		7.04
@PHARMACY	3,066	20,055	\$		\$ 57.31	4.805	\$ 374.85	\$	275.34
PRESCRIPTION DRUGS	3,026	14,776		1,120,046.32	75.80	3.540	370.14		268.34
SNF/ICF	119	726		51,749.31	71.28	.174	434.87		12.40
OUTPATIENTS	2,917	14,050		1,068,297.01	76.04	3.366	366.23		255.94

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

217	5 , 279	29,241.46		5.54	1.265	134.75	7.01
47	196	\$ 15,289.00	\$ 7	8.01	.047	\$ 325.30	\$ 3.66
20	65	960.00	1	4.77	.016	48.00	.23
7	25	1,051.00	4	12.04	.006	150.14	.25
0	0	.00		.00	.000	.00	.00
2	2	200.00	10	00.00	.000	100.00	.05
2	3	400.00	13	33.33	.001	200.00	.10
5	5	1,151.00	23	30.20	.001	230.20	.28
17	56	7,485.00	13	33.66	.013	440.29	1.79
0	0	.00		.00	.000	.00	.00
12	34	3,992.00	11	7.41	.008	332.67	.96
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
2	6	50.00		8.33	.001	25.00	.01
0	0	.00		.00	.000	.00	.00
MEDI-CAL SERVICES AN	ID EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FO	R JAN 2	:002 THRU I	DEC 2002	PAGE 7,522
FEE-FOR-SERVICE/DENT	AL						01/17/03
	47 20 7 0 2 2 5 17 0 12 0 0 0 0 2 0 0 0	47 196 20 65 7 25 0 0 2 2 2 2 2 3 5 5 17 56 0 0 12 34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	47 196 \$ 15,289.00 20 65 960.00 7 25 1,051.00 0 0 .00 2 2 2 2 200.00 2 3 400.00 5 5 5 1,151.00 0 0 .00 17 56 7,485.00 0 0 .00 12 34 3,992.00 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	47	47	47	47 196 \$ 15,289.00 \$ 78.01 .047 \$ 325.30 20 65 960.00 14.77 .016 48.00 7 25 1,051.00 42.04 .006 150.14 0 0 .00 .00 .000 .000 2 2 200.00 100.00 .000 .000 2 3 400.00 133.33 .001 200.00 5 5 1,151.00 230.20 .001 230.20 17 56 7,485.00 133.66 .013 440.29 0 0 .00 .00 .00 .00 12 34 3,992.00 117.41 .008 332.67 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00

MODOC COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

MONTHLY AVERAGE	
4 174 FLICTRIFE MORDO UNITED OF GERMANN STREET AMERICA AMERICA COMPUNITED AND COMPUNITED AMERICA COMPUNITED	
	T PER
	GIBLE
	2.50
DIAGNOSTIC AND ANC. PROCED 91 119 3,786.20 31.82 .029 41.61	.91
	1.09
OTHER OPTOMETRIC SERVICES 80 106 2,108.14 19.89 .025 26.35	.51
@CHIROPRACTOR 6 10 \$ 161.01 \$ 16.10 .002 \$ 26.84 \$.04
VISITS 5 8 127.57 15.95 .002 25.51	.03
OTHER SERVICES 1 2 33.44 16.72 .000 33.44	.01
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	.00
OTHER 0 0 .00 .00 .00 .00	.00
	1.04
NURSE ANESTHESIST 1 13 \$ 26.37 \$ 2.03 .003 \$ 26.37 \$.01
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
@TOTAL HOSPITAL 994 5,128 \$ 856,060.26 \$ 166.94 1.229 \$ 861.23 \$ 20.	05.09
HOSP INPATIENT TOTAL 71 321 720,707.43 2245.19 .077 10150.81 173	72.67
HSC HOSPITALS 3 16 17,808.00 1113.00 .004 5936.00	4.27
NON-HSC HOSPITAL TOTAL 46 243 688,195.24 2832.08 .058 14960.77 16	64.88
ACCOMMODATIONS 44 243 152,959.53 629.46 .058 3476.35 3	36.65
ADMINISTRATIVE DAYS 1 2 450.99 225.50 .000 450.99	.11
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 44 241 152,508.54 632.82 .058 3466.10 3	36.54
ANCILLARIES 46 0 535,235.71 .00 .000 11635.56 12	28.23
INPATIENT CROSSOVERS 22 62 14,704.19 237.16 .015 668.37	3.52
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 957 4,807 135,352.83 28.16 1.152 141.43 33	32.43
	4.36
, and the second se	1.72
,	3.69
	8.10
•	4.44

CROSSOVERS/ALL OTH OUTPTNT	509	1,904	42,223.06	22.18	.456	82.95	10.12
@COUNTY HOSPITAL TOTAL	2	18 \$	204.41	\$ 11.36	.004	\$ 102.21	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18	204.41	11.36	.004	102.21	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	16	130.78	8.17	.004	65.39	.03
RADIOLOGY	1	1	39.20	39.20	.000	39.20	.01
ROOM USE	1	1	34.43	34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,523
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	57 ALL DIS	SABLED				

MODOC COONTI	SOMMANT OF SEN	VICES FOR 57 ALL	DISA	рппр				C D	
			_				NTHLY AVERA	-	
4,174 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR		0== 0== 0=	PER UNIT/DAY	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	992	5,110	\$	855,855.85	\$ 167.49	1.224		Ş	
COMM HOSP INPATIENT TOTAL	71	321		720,707.43	2245.19	.077	10150.81		172.67
HSC HOSPITALS	3	16		17,808.00	1113.00	.004	5936.00		4.27
NON-HSC HOSPITALS TOTAL	46	243		688,195.24	2832.08	.058	14960.77		164.88
ACCOMMODATIONS	44	243		152,959.53	629.46	.058	3476.35		36.65
ADMINISTRATIVE DAYS	1	2		450.99	225.50	.000	450.99		.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	44	241		152,508.54	632.82	.058	3466.10		36.54
ANCILLARIES	46	0		535,235.71	.00	.000	11635.56		128.23
INPATIENT CROSSOVERS	22	62		14,704.19	237.16	.015	668.37		3.52
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	955	4,789		135,148.42	28.22	1.147	141.52		32.38
MEDICAL	274	553		18,181.17	32.88	.132	66.35		4.36
SURGERY	63	74		7,198.05	97.27	.018	114.25		1.72
PATHOLOGY	370	1,476		15,283.37	10.35	.354	41.31		3.66
RADIOLOGY	255	370		33,773.94	91.28	.089	132.45		8.09
ROOM USE	258	412			44.88	.099	71.66		4.43
CROSSOVERS/ALL OTH OUTPINT	509	1,904		42,223.06		.456	82.95		10.12
@STATE HOSPITAL	7	549	\$	294,264.00	\$ 536.00	.132	\$ 42037.71	\$	70.50
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	7	549		294,264.00	536.00	.132	42037.71		70.50
@NURSING FACILITY	81	2,213	\$	365,351.82	\$ 165.09	.530	\$ 4510.52	\$	87.53
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	12	364		44,008.82	120.90	.087	3667.40		10.54
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	69	1,849		321,343.00		.443	4657.14		76.99
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	14	\$	4,801.68	\$	342.98	.003	\$	533.52	\$	1.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	14		4,801.68		342.98	.003		533.52		1.15
@REHABILITATION FACILITY	6	50	\$	982.42	\$	19.65	.012	\$	163.74	\$.24
HOSPITAL BASED	6	50		982.42		19.65	.012		163.74		.24
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	342	1,385	\$	15,285.06	\$	11.04	.332	\$	44.69	\$	3.66
PATHOLOGY	332	1,359		14,384.75		10.58	.326		43.33		3.45
XO AND OTHERS	10	26		900.31		34.63	.006		90.03		.22
@ORGANIZED OUTPATIENT CLINIC	1,542	2 , 872	\$	286,743.62	\$	99.84	.688	\$	185.96	\$	68.70
CLINIC	4	9		180.04		20.00	.002		45.01		.04
SURGICENTER	3	9		1,057.37		117.49	.002		352.46		.25
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,539	2,854		285,506.21		100.04	.684		185.51		68.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPOR'	FOR JAN	2002 THRU	DEC	2002	PI	AGE 7,524
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVICE	S FOR 57 ALL	DISA	ABLED							

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 4,174 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 531 21,868 101,678.60 4.65 5.239 \$ 191.49 \$ 24.36 DURABLE MED. EQUIP. 83 254 32,103.19 126.39 .061 386.79 7.69 .00 BLOOD BANK 0 0 .00 .00 .000 .00 6 .001 HEARING AID DISPENSERS 4 320.14 53.36 80.04 .08 19.92 26,417.78 .318 480.32 MEDICAL TRANSPORTATION 1,326 1,001 17,829.94 17.81 .240 396.22 4.27 AMBULANCES/AIR TRANS OTHER TRANS 3 178 355.22 2.00 .043 118.41 .09 56.00 .00 .00 88.33 .00 .00 11.97 11.14 .00 200.21 232.59 51 26 11 147 OTHER SERVICES 8,232.62 56.00 .035 748.42 1.97 .00 .00 ACUPUNCTURE 0 .000 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 265.00 .001 88.33 .06 .000 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 .00 .000 OCCUPATIONAL THERAPIST .00 OPTICIAN 100 231 2,764.79 .055 27.65 .66 PHYSICAL THERAPIST 59 657.46 .014 109.58 .16 PORTABLE X-RAY .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS 12 28 5,605.96 200.21 .007 467.16 1.34 PROSTHETICS 9 5,349.68 232.59 .006 594.41 1.28 3 0 5 51.26 ORTHOTICS 5 256.28 .001 85.43 .06 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 17 451.74 26.57 .004 90.35 HOSPICE SERVICES 38.36 .00 .000 .00 0 1,594 0 .01 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 11,402.01 7.15 .382 196.59 LOCAL EDUCATION AGENCIES .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 231 18,350 21,652.17 1.18 4.396 93.73 5.19 58 514 .123 \$ @CALIF. CHILDREN SERVICES* 30,422.49 \$ 59.19 524.53 \$ 7.29 @XOVER EXCLUDING STATE HOSP** 603 9,162 65,660.04 7.17 2.195 \$ 108.89 \$ 15.73

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

NODOC COONTI	DOINIMICT OF DELIC	VICED 1010 30 11HH 11	11.17.17.1	10				
						MON	THLY AVERA	GE
15,688 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,429	38,821	\$	2,227,056.20	\$ 57.37	2.475 \$	299.78	\$ 141.96
@PHYSICIANS SERVICES	1,514	4,199	Ş	188,740.52	\$ 44.95	.268 \$	124.66	\$ 12.03
OUTPATIENT VISITS	1,091	1,522		52,118.83	34.24	.097	47.77	3.32
OFFICE VISITS	863	1,150		32,630.94	28.37	.073	37.81	2.08
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	174	184		7,718.85	41.95	.012	44.36	.49
PREVENTIVE CARE	1	2		54.74	27.37	.000	54.74	.00
OB VISITS/COMPRE PERI	113	158		10,745.94	68.01	.010	95.10	.68
OTHER OUTPATIENT	24	28		968.36	34.58	.002	40.35	.06
INPATIENT VISITS	66	289		24,758.57	85.67	.018	375.13	1.58
HOSPITAL VISITS	52	121		6,308.12	52.13	.008	121.31	.40
CRITICAL CARE	15	168		18,450.45	109.82	.011	1230.03	1.18
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	12		379.37	31.61	.001	34.49	.02
EXAMINATIONS	11	12		379.37	31.61	.001	34.49	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	65	437		27,409.30	62.72	.028	421.68	1.75
PRINCIPAL SURGEON	48	55		23,039.79	418.91	.004	480.00	1.47
ASSISTANT SURGEON	4	4		776.18	194.05	.000	194.05	.05
ANESTHESIOLOGIST	21	378		3 , 593.33	9.51	.024	171.11	.23
OUTPATIENT SURGERY	169	705		38 , 907.28	55.19	.045	230.22	2.48
PRINCIPAL SURGEON	143	172		33 , 850.92	196.81	.011	236.72	2.16
ASSISTANT SURGEON	3	3		437.26	145.75	.000	145.75	.03
ANESTHESIOLOGIST	31	530		4,619.10	8.72	.034	149.00	.29
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	233	348		2,775.86	7.98	.022	11.91	.18
RADIOLOGY	248	378		19,169.47	50.71	.024	77.30	1.22
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	51	110		1,915.92		17.42	.007		37.57		.12
OTHER SERVICES/ALL X-OVERS	145	398		21,305.92		53.53	.025		146.94		1.36
@PHARMACY	3,489	8,016	\$	438,635.57	\$	54.72	.511	\$	125.72	\$	27.96
PRESCRIPTION DRUGS	3,481	7,841		436,989.70		55.73	.500		125.54		27.86
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3,481	7,841		436,989.70		55.73	.500		125.54		27.86
MEDICAL SUPPLIES	32	175		1,645.87		9.40	.011		51.43		.10
@DENTIST	154	902	\$	39,714.85	\$	44.03	.057	\$	257.89	\$	2.53
VISITS - DIAGNOSTIC	105	465		5 , 533.75		11.90	.030		52.70		.35
ORAL SURGERY	35	121		11,655.00		96.32	.008		333.00		.74
DRUGS	11	19		348.75		18.36	.001		31.70		.02
ANESTHESIA	18	18		1,900.00		105.56	.001		105.56		.12
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.01
ENDODONTICS	12	50		3,811.00		76.22	.003		317.58		.24
RESTORATIVE DENTISTRY	38	172		11,614.35		67.53	.011		305.64		.74
PROSTHETICS	2	2		30.00		15.00	.000		15.00		.00
DENTURES, STAYPLATES	3	11		1,188.00		108.00	.001		396.00		.08
SPACE MAINTAINERS	5	10		1,199.00		119.90	.001		239.80		.08
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	21	29		2,235.00		77.07	.002		106.43		.14
ALL OTHER SERVICES	4	4		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES 1	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 7,526
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 58 ALL FAMILIES

MODOC COUNTI	SUMMARI OF SER	VICES FOR JO ALL	LAMII	птер							
									HLY AVERA	-	
15,688 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CAR	2		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	400	871	\$	19,608.99	\$	22.51	.056	\$	49.02	\$	1.25
DIAGNOSTIC AND ANC. PROCED	237	252		10,154.00		40.29	.016		42.84		.65
EYE APPLIANCES	218	532		7,946.46		14.94	.034		36.45		.51
OTHER OPTOMETRIC SERVICES	77	87		1,508.53		17.34	.006		19.59		.10
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.000	\$	25.08	\$.00
VISITS	2	3		50.16		16.72	.000		25.08		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	12	\$	476.63	\$	39.72	.001	\$	238.32	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	112.80	\$	37.60	.000	\$	56.40	\$.01
@TOTAL HOSPITAL	1,766	7 , 999	\$	658,514.60	\$	82.32	.510	\$	372.88	\$	41.98
HOSP INPATIENT TOTAL	99	382		421,894.72		1104.44	.024		4261.56		26.89
HSC HOSPITALS	7	25		35,438.00		1417.52	.002		5062.57		2.26
NON-HSC HOSPITAL TOTAL	92	357		386,456.08		1082.51	.023		4200.61		24.63
ACCOMMODATIONS	90	357		206,696.17		578.98	.023		2296.62		13.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	90	357		206,696.17		578.98	.023		2296.62		13.18
ANCILLARIES	92	0		179,759.91		.00	.000		1953.91		11.46
INPATIENT CROSSOVERS	1	0		.64		.00	.000		.64		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	1,711	7 , 617		236,619.88	31.06	.486	138.29	15.08
MEDICAL	748	1,082		35 , 063.57	32.41	.069	46.88	2.24
SURGERY	144	146		14,192.68	97.21	.009	98.56	.90
PATHOLOGY	719	2,205		21,601.25	9.80	.141	30.04	1.38
RADIOLOGY	613	881		64,082.19	72.74	.056	104.54	4.08
ROOM USE	726	946		41,481.21	43.85	.060	57.14	2.64
CROSSOVERS/ALL OTH OUTPTNT	675	2,357		60,198.98	25.54	.150	89.18	3.84
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MON	NTH-OF-PAYMENT REE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,527
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	58 ALI	FAMILI	IES				

----- MONTHLY AVERAGE -----

15,688 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 1,766 .510 \$ 372.88 \$ @COMMUNITY HOSPITAL TOTAL 7,999 658,514.60 82.32 41.98 COMM HOSP INPATIENT TOTAL 99 382 421,894.72 1104.44 .024 4261.56 26.89 7 5062.57 HSC HOSPITALS 25 35,438.00 1417.52 .002 2.26 NON-HSC HOSPITALS TOTAL 357 386,456.08 1082.51 .023 4200.61 24.63 90 357 206,696.17 578.98 .023 2296.62 13.18 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 0 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 90 357 206,696.17 578.98 .023 2296.62 13.18 ANCILLARIES 0 179,759.91 .00 .000 1953.91 11.46 INPATIENT CROSSOVERS 1 0 .64 .00 .000 . 64 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 1,711 7,617 236,619.88 31.06 .486 138.29 15.08 MEDICAL 748 1,082 35,063.57 32.41 .069 46.88 2.24 SURGERY 146 14,192.68 97.21 .009 98.56 719 2,205 21,601.25 30.04 PATHOLOGY 9.80 1.38 .141 613 RADIOLOGY 881 64,082.19 72.74 .056 104.54 4.08 .060 726 946 41,481.21 43.85 57.14 2.64 ROOM USE CROSSOVERS/ALL OTH OUTPINT 675 2,357 60,198.98 25.54 89.18 .150 3.84 0 @STATE HOSPITAL 0 .00 \$.00 .000 \$.00 .00 0 0 .00 MENTALLY ILL .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .00 .000 .00 .00 .00 .000 \$.00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5	7	\$	266.51	\$	38.07	.000	\$	53.30	\$.02
HOSPITAL BASED	5	7		266.51		38.07	.000		53.30		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	632	1,441	\$	25,375.10	\$	17.61	.092	\$	40.15	\$	1.62
PATHOLOGY	632	1,441		25,375.10		17.61	.092		40.15		1.62
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3 , 756	6,184	\$	763,415.01	\$	123.45	.394	\$	203.25	\$	48.66
CLINIC	11	32		1,070.76		33.46	.002		97.34		.07
SURGICENTER	3	12		469.65		39.14	.001		156.55		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3 , 746	6,140		761,874.60		124.08	.391		203.38		48.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES MON	ITH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 7,528
MOP024	FEE-FOR-SERVICE/DENTA	.L									01/17/03
MODOC COUNTY	SUMMARY OF SERVICES F	OR 58 ALI	L FAMILI	ES							

MODOC COUNTI	SUMMARI OF SER	VICES FOR JO ALL	r AMI.	TIES				
						MO	NTHLY AVERA	GE
15,688 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	Œ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	629	9,184	\$	92,145.46	\$ 10.03	.585	\$ 146.50	\$ 5.87
DURABLE MED. EQUIP.	39	112		4,554.13	40.66	.007	116.77	.29
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	6		264.27	44.05	.000	88.09	.02
MEDICAL TRANSPORTATION	65	2,233		40,899.24	18.32	.142	629.22	2.61
AMBULANCES/AIR TRANS	63	2,226		31,524.24	14.16	.142	500.38	2.01
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	7	7		9,375.00	1339.29	.000	1339.29	.60
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	17	17		1,621.00	95.35	.001	95.35	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	162	327		2,973.23	9.09	.021	18.35	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5		233.49	46.70	.000	58.37	.01
PROSTHETICS	3	4		216.91	54.23	.000	72.30	.01
ORTHOTICS	1	1		16.58	16.58	.000	16.58	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	17		1,844.70	108.51	.001	307.45	.12
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	313	5,478		36,869.56	6.73	.349	117.79	2.35
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	989		2,885.84	2.92	.063	90.18	.18
@CALIF. CHILDREN SERVICES*	33	138	\$	39,094.77	\$ 283.30	.009	\$ 1184.69	\$ 2.49

@XOVER EXCLUDING STATE HOSP** 18 65 \$ 3,765.77 \$ 57.93 .004 \$ 209.21 \$.24

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01/17/03

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MODOC COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

MODOC COUNTY	SUMMARI OF SER	VICES FOR 39 ALL MEDIC	ALLI INDIGENI		MONT	יטוע אזיפטארו	₹
573 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
373 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	261	2,236 \$	185,925.74	\$ 83.15	3.902 \$	712.36	
@PHYSICIANS SERVICES	63	132 \$	5,297.41	\$ 40.13	.230 \$	84.09	
OUTPATIENT VISITS	41	52	1,458.39	28.05	.091	35.57	2.55
OFFICE VISITS	32	40	1,014.17	25.35	.070	31.69	1.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	416.78	37.89	.019	46.31	.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.44	27.44	.002	27.44	.05
INPATIENT VISITS	1	3	89.30	29.77	.005	89.30	.16
HOSPITAL VISITS	1	3	89.30	29.77	.005	89.30	.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	651.94	325.97	.003	325.97	1.14
PRINCIPAL SURGEON	1	1	544.72	544.72	.003	544.72	.95
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.19
ANESTHESIOLOGIST	0	0	.00	.00	.002	.00	.00
OUTPATIENT SURGERY	11	40	2,180.33	54.51	.070	198.21	3.81
PRINCIPAL SURGEON	8	11	1,607.88	146.17	.019	200.99	2.81
ASSISTANT SURGEON	1	1	110.95	110.95	.002	110.95	.19
ANESTHESIOLOGIST	3	28	461.50	16.48	.049	153.83	.81
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	36.90	12.30	.005	12.30	.06
RADIOLOGY	9	16	476.48	29.78	.028	52.94	.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	8	216.46	27.06	.014	43.29	.38
OTHER SERVICES/ALL X-OVERS	6	8	187.61	23.45	.014	31.27	.33
@PHARMACY	124	328 \$	16,818.14	\$ 51.27	.572 \$	135.63	
PRESCRIPTION DRUGS	124	328	16,818.14	51.27	.572	135.63	29.35
SNF/ICF	17	97	5,960.54	61.45	.169	350.62	10.40
OUTPATIENTS	108	231	10,857.60	47.00	.403	100.53	18.95
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	17	85 \$	5,402.00	\$ 63.55	.148 \$	317.76	
VISITS - DIAGNOSTIC	9	32	261.00	8.16	.056	29.00	.46
ORAL SURGERY	2	2	90.00	45.00	.003	45.00	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	5	1,235.00	247.00	.009	617.50	2.16
RESTORATIVE DENTISTRY	6	37	2,628.00	71.03	.065	438.00	4.59
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ö	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.002	48.00	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	1,065.00	152.14	.012	213.00	1.86
ALL OTHER SERVICES	1	1	75.00	75.00	.002	75.00	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DI	EC 2002	PAGE 7,530
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MODOC COUNTY	SUMMARY OF SERVICES F	OR 59 ALL MEI	DICALLY INDIGENT				

MODOC COUNTY	SOMMAN OF SEN	VICES FOR 33 ALL	1 1411111	ICADDI INDIGENI		Mo	гис	THLY AVERA	GE	
573 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY		COST PER USER	-	COST PER ELIGIBLE
@OPTOMETRIST	8	16	\$	255.08	\$ 15.94	.028	\$	31.89	\$.45
DIAGNOSTIC AND ANC. PROCED	2	2		19.76	9.88	.003		9.88		.03
EYE APPLIANCES	4	7		117.27	16.75	.012		29.32		.20
OTHER OPTOMETRIC SERVICES	6	7		118.05	16.86	.012		19.68		.21
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	15	\$	135.77	\$ 9.05	.026	\$	135.77	\$.24
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	63	282	\$	21,633.53	\$ 76.71		\$	343.39	\$	37.75
HOSP INPATIENT TOTAL	4	8		12,905.93	1613.24	.014		3226.48		22.52
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	8		12,905.93	1613.24	.014		3226.48		22.52
ACCOMMODATIONS	4	8		6,140.44	767.56	.014		1535.11		10.72

ADMINISTRATIVE DAYS							
ADMINISTRATIVE DATS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	6,140.44	767.56	.014	1535.11	10.72
ANCILLARIES	4	0	6,765.49	.00	.000	1691.37	11.81
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61	274	8,727.60	31.85	.478	143.08	15.23
MEDICAL	29	43	1,658.20	38.56	.075	57.18	2.89
SURGERY	11	11		96.68	.019	96.68	1.86
	26	96	1,063.50 877.37				
PATHOLOGY				9.14	.168	33.75	1.53
RADIOLOGY	28	36	2,300.74	63.91	.063	82.17	4.02
ROOM USE	26	37	2,031.70	54.91	.065	78.14	3.55
CROSSOVERS/ALL OTH OUTPTNT	23	51	796.09	15.61	.089	34.61	1.39
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV							
		ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,531
MOP024	FEE-FOR-SERVICE	/DENTAL		EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,531 01/17/03
	FEE-FOR-SERVICE			EPORT FOR JAN 2			01/17/03
MOP024 MODOC COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 59 ALL MEDICA	ALLY INDIGENT		MON'	THLY AVERA	01/17/03 GE
MOP024	FEE-FOR-SERVICE	/DENTAL TICES FOR 59 ALL MEDICAL UNITS OF SERVICE		AVERAGE COST	MON' UNITS/DAYS	THLY AVERA COST PER	01/17/03 GE COST PER
MOP024 MODOC COUNTY 573 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE	ALLY INDIGENT EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON' UNITS/DAYS PER ELIG	IHLY AVERA COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 MODOC COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$	ALLY INDIGENT EXPENDITURES 21,633.53	AVERAGE COST PER UNIT/DAY \$ 76.71	MON UNITS/DAYS PER ELIG .492 \$	IHLY AVERA COST PER USER 343.39	01/17/03 GE COST PER ELIGIBLE \$ 37.75
MOP024 MODOC COUNTY 573 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE	ALLY INDIGENT EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON' UNITS/DAYS PER ELIG	IHLY AVERA COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$	ALLY INDIGENT EXPENDITURES 21,633.53	AVERAGE COST PER UNIT/DAY \$ 76.71	MON UNITS/DAYS PER ELIG .492 \$	IHLY AVERA COST PER USER 343.39	01/17/03 GE COST PER ELIGIBLE \$ 37.75
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8	ALLY INDIGENT EXPENDITURES 21,633.53 12,905.93	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24	MON' UNITS/DAYS PER ELIG .492 \$	IHLY AVERA COST PER USER 343.39 3226.48	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8	EXPENDITURES 21,633.53 12,905.93 .00	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00	MON' UNITS/DAYS PER ELIG .492 \$.014 .000	THLY AVERA COST PER USER 343.39 3226.48 .00	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24	MON' UNITS/DAYS PER ELIG .492 \$.014 .000 .014	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 8	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00	MON' UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00	MON' UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4	/DENTAL TICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 8	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56	MON' UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 0 4 4	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 8	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00	MON' UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 4 0 0 0	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 0 0	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00	MON' UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 4 0 0 0 0 0	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 0 0 0 0	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 .00	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56	MON' UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 0 0 0 61	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 0 0 274	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 .00 8,727.60	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00 31.85	MON' UNITS/DAYS PER ELIG .492 \$.014 .000 .014 .014 .000 .000 .014 .000 .000	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00 143.08	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00 15.23
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 0 0 0 61 29	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 0 274 43	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 .00 8,727.60 1,658.20	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00 31.85 38.56	MON' UNITS/DAYS PER ELIG .492 \$.014 .000 .014 .014 .000 .000 .014 .000 .000	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00 143.08 57.18	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00 15.23 2.89
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 0 0 0 61 29 11	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 0 0 0 274 43 11	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 .00 8,727.60 1,658.20 1,063.50	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00 31.85 38.56 96.68	MON' UNITS/DAYS PER ELIG .492 \$.014 .000 .014 .000 .000 .014 .000 .000	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00 143.08 57.18 96.68	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00 15.23 2.89 1.86
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 0 0 0 61 29 11 26	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 0 274 43 11 96	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 .00 8,727.60 1,658.20 1,063.50 877.37	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00 31.85 38.56 96.68 9.14	MON' UNITS/DAYS PER ELIG .492 \$.014 .000 .014 .014 .000 .000 .014 .000 .000	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00 143.08 57.18 96.68 33.75	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00 15.23 2.89 1.86 1.53
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 0 0 0 61 29 11 26 28	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 0 274 43 11 96 36	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 8,727.60 1,658.20 1,063.50 877.37 2,300.74	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00 31.85 38.56 96.68 9.14 63.91	MON' UNITS/DAYS PER ELIG .492 \$.014 .000 .014 .014 .000 .000 .014 .000 .000	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00 143.08 57.18 96.68 33.75 82.17	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00 15.23 2.89 1.86 1.53 4.02
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 0 0 0 61 29 11 26 28 26	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 274 43 11 96 36 37	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 .00 8,727.60 1,658.20 1,063.50 877.37 2,300.74 2,031.70	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00 31.85 38.56 96.68 9.14 63.91 54.91	MON' UNITS/DAYS PER ELIG .492 \$.014 .000 .014 .014 .000 .000 .014 .000 .000	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00 143.08 57.18 96.68 33.75 82.17 78.14	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00 15.23 2.89 1.86 1.53 4.02 3.55
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 4 0 0 61 29 11 26 28 26 23	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 0 8 8 0 0 0 274 43 11 96 36 37 51	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 .00 8,727.60 1,658.20 1,063.50 877.37 2,300.74 2,031.70 796.09	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00 31.85 38.56 96.68 9.14 63.91 54.91 15.61	MON' UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00 143.08 57.18 96.68 33.75 82.17 78.14 34.61	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00 15.23 2.89 1.86 1.53 4.02 3.55 1.39
MOP024 MODOC COUNTY 573 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 63 4 0 4 4 0 0 4 4 0 0 0 61 29 11 26 28 26	/DENTAL FICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 282 \$ 8 0 8 0 8 8 0 0 274 43 11 96 36 37	EXPENDITURES 21,633.53 12,905.93 .00 12,905.93 6,140.44 .00 .00 6,140.44 6,765.49 .00 .00 8,727.60 1,658.20 1,063.50 877.37 2,300.74 2,031.70	AVERAGE COST PER UNIT/DAY \$ 76.71 1613.24 .00 1613.24 767.56 .00 .00 767.56 .00 .00 31.85 38.56 96.68 9.14 63.91 54.91	MON' UNITS/DAYS PER ELIG .492 \$.014 .000 .014 .014 .000 .000 .014 .000 .000	THLY AVERA COST PER USER 343.39 3226.48 .00 3226.48 1535.11 .00 .00 1535.11 1691.37 .00 .00 143.08 57.18 96.68 33.75 82.17 78.14	01/17/03 GE COST PER ELIGIBLE \$ 37.75 22.52 .00 22.52 10.72 .00 .00 10.72 11.81 .00 .00 15.23 2.89 1.86 1.53 4.02 3.55 1.39

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	20	687	\$	109,877.31	\$	159.94	1.199	\$	5493.87	\$	191.76
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	20	687		109,877.31		159.94	1.199		5493.87		191.76
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	72.84	\$	36.42	.003	\$	72.84	\$.13
HOSPITAL BASED	1	2		72.84		36.42	.003		72.84		.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	48	\$	926.20	\$	19.30	.084	\$	48.75	\$	1.62
PATHOLOGY	19	48		926.20		19.30	.084		48.75		1.62
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	118	208	\$	20,579.96	\$	98.94	.363	\$	174.41	\$	35.92
CLINIC	4	6		147.93		24.66	.010		36.98		.26
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	116	202		20,432.03		101.15	.353		176.14		35.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPORI	FOR JAN	2002 THRU	DEC	2002	PA	AGE 7,532
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

573 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23	433 \$	4,927.50	\$ 11.38	.756 \$	214.24	\$ 8.60
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	90	1,426.05	15.85	.157	203.72	2.49
AMBULANCES/AIR TRANS	7	90	1,426.05	15.85	.157	203.72	2.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.003	105.00	.37
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.007	21.36	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	11	333	2,708.88	8.13	.581	246.26	4.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	539.85	134.96	.007	269.93	.94
@CALIF. CHILDREN SERVICES*	0	1CR \$	12.41CR \$	12.41	.002CR\$.00 \$.02CR
@XOVER EXCLUDING STATE HOSP**	3	10 \$	603.76 \$	60.38	.017 \$	201.25 \$	1.05

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,533 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC	E/DENTAL							01/1//03
MODOC COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	AL DIAL	YSIS	AID C	-		
								NTHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES		ST UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE	C		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000		\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00

DUDIODONILOS	0	0		0.0	0.0	0.00	0.0		0.0
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	U	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	U	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	Ü	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES C/DENTAL	S MONTH-OF-	-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAG	E 7,534 01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 60 RENAL	DIALYSIS		AID COI	DES			
						MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@OPTOMETRIST	0	0 5	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 5	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0		\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
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ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

0

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ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES MONTH-O	F-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,535
MOP024	FEE-FOR-SERVICE	/ DENTAT.						01/17/03
	IDD ION DDNVICD	DUNITIE						01/1//03
MODOC COUNTY	SUMMARY OF SERV		AL DIALYSIS		AID COI	DES		01/17/03
	SUMMARY OF SERV					MON	THLY AVERA	
MODOC COUNTY 00 ELIGIBLES		ICES FOR 60 RENA UNITS OF SERVICE	E EX	PENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST PER
00 ELIGIBLES	SUMMARY OF SERV	ICES FOR 60 RENA	E EX		AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV	ICES FOR 60 RENA UNITS OF SERVICE	E EX	.00	AVERAGE COST PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV	ICES FOR 60 RENA UNITS OF SERVICE	EX.	.00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00	GE COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV	ICES FOR 60 RENA UNITS OF SERVICE	EX.	.00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV	ICES FOR 60 RENA UNITS OF SERVICE	EX.	.00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV	ICES FOR 60 RENA UNITS OF SERVICE	EX.	.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV	ICES FOR 60 RENA UNITS OF SERVICE	EX.	.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV	ICES FOR 60 RENA UNITS OF SERVICE	EX.	.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV	ICES FOR 60 RENA UNITS OF SERVICE	EX.	.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0		0		.0	0	.00	.000	.00		.00
PATHOLOGY	0		0		.0	0	.00	.000	.00		.00
RADIOLOGY	0		0		.0	0	.00	.000	.00		.00
ROOM USE	0		0		.0	0	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.0		.00	.000	.00		.00
@STATE HOSPITAL	0		Ö	\$.0				\$.00	\$.00
MENTALLY ILL	0		0		.0		.00	.000	.00	'	.00
DEVELOP. DISABLED	0		Ö		.0		.00	.000	.00		.00
@NURSING FACILITY	Û		0	\$.0				\$.00	Ś	.00
LEV A-INTERMEDIATE	0		0	Υ	.0		.00	.000	.00	۲	.00
LEV B-REHAB MD	Û		Ö		.0		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.0		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.0		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.0		.00	.000	.00		.00
LEV B-REGULAR	0		0		.0		.00	.000	.00		.00
	0		0	\$						ċ	
@INTERMEDIATE CARE FACILDD	0			Þ	.0				\$.00	\$.00
ICF DDH	0		0		.0		.00	.000	.00		.00
ICF DD	0				.0		.00	.000	.00		.00
ICF DDN/DDCN	U		0		.0		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	Ü		0	\$.0				\$.00	\$.00
HOSPITAL BASED	0		0		.0		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0	_	.0		.00	.000	.00	_	.00
@REHABILITATION FACILITY	0		0	\$.0				\$.00	\$.00
HOSPITAL BASED	0		0		.0		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.0		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.0				\$.00	\$.00
PATHOLOGY	0		0		.0	0	.00	.000	.00		.00
XO AND OTHERS	0		0		.0	0	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.0	10 \$.00	.000	\$.00	\$.00
CLINIC	0		0		.0	0	.00	.000	.00		.00
SURGICENTER	0		0		.0	0	.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0		.0	0	.00	.000	.00		.00
RURAL HEALTH CLINIC	0		0		.0	0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXE	PENDITURE	ES N	MONTH-OF-PAYMENT	REPO	RT FOR JAN 2	2002 THRU D	EC 2002	P	AGE 7,536
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SER	VICES FOR	60 RENAI	L DI	IALYSIS		AID COI	DES			
								MO	NTHLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURE	S A	VERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS	OF CARE			F	PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.0	0	.00	.000	.00		.00
BLOOD BANK	0		0		.0	0	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.0	0	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.0	0	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.0	0	.00	.000	.00		.00
OTHER TRANS	0		0		.0	0	.00	.000	.00		.00
OTHER SERVICES	0		0		.0		.00	.000	.00		.00
ACUPUNCTURE	0		0		.0		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.0		.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.0		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.0		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0		.0		.00	.000	.00		.00
OPTICIAN	0		0		.0		.00	.000	.00		.00
PHYSICAL THERAPIST	0		0		.0		.00	.000	.00		.00
PORTABLE X-RAY	0		0		.0		.00	.000	.00		.00
	0		0		.0		.00	.000	.00		
PROSTHETIST/ORTHOTISTS	U		U		.0	Ü	.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,537
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION ALD CODES

MODOC COUNTY	SUMMARY OF SERV	JICES FOR 61 TOTAL	PARE	NTERAL NUTRITION	AID CO	DES		
						MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 :	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 :	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@ PHARMACY	0	0 :	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 :	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	S MONTH-OF-PAYMENT REP	ORT FOR JAN 200	2 THRU DEC	2002	PAGE 7,538
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	R 61 TOTAL	PARENTERAL NUTRITION	AID CODES			

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 Ś .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST 0 .000 .00 \$.00 \$.00 \$.00 .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 .000 RADIOLOGY 0 .00 .00 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,539
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CO	ODES		
					MONTH	LY AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S (COST PER	C	OST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00

ICF DDN/DDCN	0		Ο		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	Ψ	.00	т	.00	.000	т	.00	Ψ	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	Ψ	.00	т	.00	.000	т	.00	Ψ	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0		0	·	.00	·	.00	.000	·	.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITUR	ES MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE	7,540
MOP024	FEE-FOR-SERVICE/D	ENTAL									0.2	1/17/03
MOP024 MODOC COUNTY	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE		61 TOTA	L PARI	ENTERAL NUTRITION		AID CO	DES			0.3	1/17/03
			61 TOTA	L PARI	ENTERAL NUTRITION		AID CO		ONTI	HLY AVERA		1/17/03
	SUMMARY OF SERVICE			L PARI	ENTERAL NUTRITION EXPENDITURES					HLY AVERA	GE	1/17/03 F PER
MODOC COUNTY	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI		AVE	RAGE COST UNIT/DAY	M UNITS/DAY PER ELIG	S (COST PER USER	GE	
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	l pari	EXPENDITURES .00	AVE	RAGE COST UNIT/DAY .00	M UNITS/DAY PER ELIG .000	S (COST PER USER .00	GE	F PER GIBLE
MODOC COUNTY 00 ELIGIBLES	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES	AVE	RAGE COST UNIT/DAY	M UNITS/DAY PER ELIG	S (COST PER USER	GE COST ELIC	 I PER GIBLE
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES .00	AVE	RAGE COST UNIT/DAY .00	M UNITS/DAY PER ELIG .000	S (COST PER USER .00	GE COST ELIC	F PER GIBLE
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S (COST PER USER .00 .00 .00	GE COST ELIC	F PER GIBLE .00 .00 .00 .00
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S (USER .00 .00 .00 .00 .00	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000	S (USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S (USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MODOC COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE	L PARI	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,541 MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

					MON'	THLY AVERAC	SE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1 \$	15.25	\$ 15.25	.000 \$	15.25	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 7,542
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

MODOC COUNTY

				-			M	гио	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MONTH	-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 7,543
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	62 IRCA ALIENS	AID CO	DES 51 52 5	56		
					MONTI	ILY AVERAG	E

MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 \$.00 .000 \$.00 \$.00 .000 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 SURGERY .00 .000 .00 .00 0 .00 .00 .00 PATHOLOGY .00 .000 0 .00 .000 RADIOLOGY .00 .00 .00 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 .00 .00 .00 @STATE HOSPITAL \$.000 \$.00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .000 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .000 LEV B-REHAB MD 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	15.25	\$	15.25	.000	\$	15.25	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	·	.00
HEMODIALYSIS CENTER	1	1		15.25		15.25	.000		15.25		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0	0		.00	•	.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU I	DEC	2002	PAGE	7,544
MOP024	FEE-FOR-SERVICE/DENTAL									0.2	1/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS	AI	D COI	DES 51 52	56				

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS Ω 0 \$.00 \$.00 .000 \$.00 \$.00 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION 0 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 .000 OTHER TRANS .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 OPTICIAN .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .000 SPEECH AND AUDIOLOGY .00 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .00 @CALIF. CHILDREN SERVICES* 15.25 \$ 15.25 .000 \$ 15.25 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,545 MOP024 FEE-FOR-SERVICE/DENTAL

MODOC COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

110200 0001111	DOIMMING OF DELIC	1000 1010 00 111/1110 1		WIIIIOOI 010 111	00,	00 00 0	7.1			
	MONTHLY AVERAGE									
273 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	46	197 \$		14,411.73	\$	73.16	.722	\$ 313.30	\$	52.79
@PHYSICIANS SERVICES	6	45 \$		444.17	\$	9.87	.165	\$ 74.03	\$	1.63
OUTPATIENT VISITS	2	2		123.20		61.60	.007	61.60		.45
OFFICE VISITS	2	2		123.20		61.60	.007	61.60		.45
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.20CR		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.20CR		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	39		156.29		4.01	.143	156.29		.57
PRINCIPAL SURGEON	0	0		63.68		.00	.000	.00		.23
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	39		92.61		2.37	.143	92.61		.34
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.000	.00	.00
DIALYSIS	0	0	.00		.000	.00	.00
	0	0					
PATHOLOGY	U	0	.00		.000	.00	.00
RADIOLOGY	3	3	111.48		.011	37.16	.41
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	53.40	53.40	.004	53.40	.20
@PHARMACY	9	11 \$	279.41		.040	\$ 31.05	\$ 1.02
PRESCRIPTION DRUGS	9	11	279.41	25.40	.040	31.05	1.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	9	11	279.41	25.40	.040	31.05	1.02
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES					PAGE 7,546
" DDII OI HDHINI ODIV	THE SELECTION OF THE						

MODOC COONII	DOTEMNIC OF DEIX	VICED FOR	00 111/11	יו דדדע	WIIIOOI DID A.	LD CC	DE 33 30 .					
					MONTHLY AVERAGE							
273 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	24		67	\$	7,573.62	\$	113.04	.245	\$	315.57	\$	27.74
HOSP INPATIENT TOTAL	3		7		6,097.00		871.00	.026		2032.33		22.33
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3		7		6,097.00		871.00	.026		2032.33		22.33
ACCOMMODATIONS	3		7		6 , 096.92		870.99	.026		2032.31		22.33

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

FEE-FOR-SERVICE/DENTAL

MOP024

MODOC COUNTY

01/17/03

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	7		6,096.92	870.99	.026	2032.31		22.33
ANCILLARIES	3	0		.08	.00	.000	.03		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	23	60		1,476.62	24.61	.220	64.20		5.41
MEDICAL	7	7		331.51	47.36	.026	47.36		1.21
SURGERY	1	1		80.40	80.40	.004	80.40		.29
PATHOLOGY	10	27		314.37	11.64	.099	31.44		1.15
RADIOLOGY	7	7		324.41	46.34	.026	46.34		1.19
ROOM USE	8	8		292.66	36.58	.029	36.58		1.07
CROSSOVERS/ALL OTH OUTPTNT	7	10		133.27	13.33	.037	19.04		.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAG	GE 7,547
MOP024	FEE-FOR-SERVICE/I	DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVICE	CES FOR 63 MI/I	4N ALIE	N WITHOUT SIS A	ID CODE 55 58	5F			
						MO	NTHLY AVERA	GE	
273 ELIGIBLES	USERS (JNITS OF SERVIC	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 24 67 \$ @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL 3 0 HSC HOSPITALS 7 NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS 0 TRANSITIONAL IP CARE ALL OTHER ACCOM 0 ANCILLARIES 0 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 60 MEDICAL 1 1 SURGERY 27 10 PATHOLOGY 7 RADIOLOGY ROOM USE 8 10 7 CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL .00 \$.00 .000 \$.00 \$

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	16	\$	414.40	\$	25.90	.059	\$	69.07	\$	1.52
PATHOLOGY	6	16		414.40		25.90	.059		69.07		1.52
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	54	\$	5,368.38	\$	99.41	.198	\$	268.42	\$	19.66
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	54		5,368.38		99.41	.198		268.42		19.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 7,548
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

273 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	4 \$	331.75	\$ 82.94	.015 \$	110.58	\$ 1.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	121.75	60.88	.007	121.75	.45
AMBULANCES/AIR TRANS	1	2	121.75	60.88	.007	121.75	.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.007	105.00	.77
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,549 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SER	VICES FOR	64 REFU	JGEES	A:	ID COI	DES 01 02	08			
								M	ONT	HLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS	OF CARE	C		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$		\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00
ORAL SURGERY	0		0		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	•
MOP024	FEE-FOR-SERVICE/DE	NTAL						0	1/17/03
MODOC COUNTY	SUMMARY OF SERVICES	S FOR 64 REFU	GEES	AI	D CODES 01 02	08			
							THLY AVERA		
00 ELIGIBLES		ITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		ITS OF SERVICE R DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COS ELI	GIBLE
@OPTOMETRIST				.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COS	GIBLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED				.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COS ELI	GIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES				.00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COS ELI	GIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES			\$.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR				.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00	COS ELI	GIBLE .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS			\$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES			\$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000 \$.000 \$.000 \$.000 \$.000 \$	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000 \$.000 \$.000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000 \$.000 \$.000 \$.000 \$.000 \$	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00	
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000			
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 7,551	
MOP024	FEE-FOR-SERVICE/	DENTAL						01/17/03	
MODOC COUNTY	SUMMARY OF SERVI	CES FOR 64 REFU	GEES	A	ID CODES 01 02	2 08			
						MON	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00	
COMM HOCD TNDAMTENM MOMAT	0	0		0.0		000			

							01
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	•	\$.00	\$.00		\$.00	\$.00
-	0		Ş		Ş				Ą	
MENTALLY ILL	U	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	U	0	_	.00	_	.00	.000	.00	_	.00
@NURSING FACILITY	0		\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
	0		ċ		÷				Ċ	
@REHABILITATION FACILITY	0		\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	U	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	U	0	_	.00	_	.00	.000	.00	_	.00
@LABORATORY FACILITY	Ü		\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	S MON	TH-OF-PAYMENT RE	PORT	FOR JAN 2	002 THRU D	EC 2002	P.	AGE 7,552
MOP024	FEE-FOR-SERVICE									01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 64 REFUG	EES	AI	D CO	DES 01 02	08			
							MO	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		\$.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0		.00	·	.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
	0	0								
OTHER TRANS	•	•		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

PAGE 7,553

01/17/03

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL MODOC COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES OM ON

MODOC COUNTY	SUMMARY OF SER	VICES FOR 65	BCCT	P-FE	DERAL	AID	CODES OM				
								MC	TNC	HLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SEE	RVICE		EXPENDITURES			UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1		5	\$	311.75	\$	62.35	.000	\$	311.75	\$.00
@PHYSICIANS SERVICES	1		5	\$	311.75	\$	62.35	.000	\$	311.75	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	1		3		198.66		66.22	.000		198.66	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1		2		113.09		56.55	.000		113.09	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,554
MOP024	FEE-FOR-SERVICE						01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 65 BCCTP-FEDE	RAL	AID CODES OM			
						THLY AVERAG	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER
_	_	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ü	0	.00	.00	.000	.00	.00
	^	0 ~					
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0 \$ 0	.00	.00	.000	.00	.00
•	0 0	•			·		•

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 7,555
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-FE	DERAL	AID CODES OM	ON		
					MONTE	HLY AVERAC	GE
00 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	OR DAYS	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OBUED ACCOM	0	0			0.0		0.0		000		0.0		0.0
ALL OTHER ACCOM	0				.00		.00		000		.00		.00
ANCILLARIES	0	0			.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00		000		.00		.00
MEDICAL	0	0			.00		.00		000		.00		.00
SURGERY	0	0			.00		.00		000		.00		.00
PATHOLOGY	0	0			.00		.00		000		.00		.00
RADIOLOGY	0	0			.00		.00		000		.00		.00
	0	0											
ROOM USE	0				.00		.00		000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00		000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00		000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00		000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00		000		.00		.00
@NURSING FACILITY	0	0	Ś		.00	\$.00		000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	'		.00		.00		000		.00	'	.00
LEV B-REHAB MD	0	0			.00		.00		000		.00		.00
	0	0											
LEV B-SUBACUTE FREESTANDING	0	-			.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
LEV B-REGULAR	0	0			.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		000	\$.00	\$.00
ICF DDH	0	0			.00		.00		000		.00		.00
ICF DD	0	0			.00		.00		000		.00		.00
ICF DDN/DDCN	0	0			.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		000	\$.00	\$	
•	0		Ş			Ş				Ą		Ş	.00
HOSPITAL BASED	Ü	0			.00		.00		000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00		000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00		000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		000	Ś	.00	Ś	.00
PATHOLOGY	0	0	Τ		.00	Τ	.00		000	τ	.00	т	.00
	0												
XO AND OTHERS	0	0	<u> </u>		.00	~	.00		000	<u> </u>	.00	^	.00
@ORGANIZED OUTPATIENT CLINIC	U	0	\$.00	\$.00		000	\$.00	\$.00
CLINIC	0	0			.00		.00		000		.00		.00
SURGICENTER	0	0			.00		.00		000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00		000		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	URES	MONTH-OF-PAY	MENT RE	EPORT	FOR JAN	2002 Т	HRU	DEC	2002	PAGI	7,556
MOP024	FEE-FOR-SERVICE												01/17/03
MODOC COUNTY	SUMMARY OF SERVE		'CTD_E	EDEDXI		λΤD	CODES OM	ΟN				`	01/11/00
MODOC COONTI	SUMMANT OF SERV.	ICES FOR 05 DC	CIF F	EDEKAL		AID	CODES ON		N		HLY AVERA	~⊏	
00 811618180	HOEDO	INTEG OF CERT	O.T.	DVDDNDT	- MIID II G	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	D7.CH COCH						
00 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDI	TURES		RAGE COST		•	-	COST PER		ST PER
		OR DAYS OF CA					UNIT/DAY				USER		IGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00		000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00		000		.00		.00
BLOOD BANK	0	0			.00		.00		000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00		000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00		000		.00		.00
	0	0											
OTHER TRANS	· ·	· ·			.00		.00		000		.00		.00
OTHER SERVICES	0	0			.00		.00		000		.00		.00
ACUPUNCTURE	0	0			.00		.00		000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00		000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00		000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,557 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-P	AYMENT REI	PORT FOR JAN 200)2 THRU DE	EC 2002	PAGE 7,558
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	66 BCCT	P-STATE-ONLY		AID CODES OR 07			

MODOC COUNTY	SOMMANI OF SERVIC	1 00 101 61	DCCIF	-SIMIE	-ONLI	AID	CODES OF	0 1				
								M	ГИС	THLY AVERA	GΕ	
00 ELIGIBLES	USERS U	JNITS OF SERV	VICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF (CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	(0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	(0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	(0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	(0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	(0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	(0		.00		.00	.000		.00		.00
OTHER SERVICES	0	(0		.00		.00	.000		.00		.00
@PODIATRIST	0	(0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	(0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	(0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	(0		.00		.00	.000		.00		.00
OTHER	0	(0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	(0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	(0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	(0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	(0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	(0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	(0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	(0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	(0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	(0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	(0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	(0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	(0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	(0		.00		.00	.000		.00		.00
ANCILLARIES	0	(0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	(0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	(0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	0.0	0.0	0.00	0.0	0.0
	0	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		
CO HOSPITAL INPATIENT TOTAL	0	ĵ O	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
ACCOMMODATIONS	0	0			.000		.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ô	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0		.00			
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	EC 2002	PAGE 7,559
MOP024	FEE-FOR-SERVICE/						01/17/03
MODOC COUNTY	SUMMARY OF SERVI	CES FOR 66 BCCTP-STAT	E-ONLY	AID CODES OR			
							GE
00 ELIGIBLES	USERS I	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		.00	PER UNIT/DAY \$.00	PER ELIG		-
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		OR DAYS OF CARE	.00				-
-	0	OR DAYS OF CARE 0 \$		\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	OR DAYS OF CARE 0 \$ 0	.00	\$.00	.000	.00	\$.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00	\$.00 .00 .00	.000 8	.00	\$.00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00	\$.00 .00 .00 .00	.000 s .000 .000 .000	\$.00 .00 .00 .00	\$.00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00	\$.00 .00 .00 .00 .00	.000 \$.000 .000 .000 .000	\$.00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000	\$.00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000	\$.00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 s .000 .000 .000 .000 .000 .000 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT		OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT		OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL		OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED		OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY		OR DAYS OF CARE O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE		OR DAYS OF CARE O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD		OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE		OR DAYS OF CARE O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	00 00 00 00 00 00 00 00 00 00 00 00 00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACULE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0									.00
	0	0		.00		.00	.000		.00		
LEV B-REGULAR	0	0	<u> </u>	.00	A	.00	.000	<u>^</u>	.00	<u> </u>	.00
@INTERMEDIATE CARE FACILDD	U	U	\$.00	\$.00	.000	\$		\$.00
ICF DDH	Ü	U		.00		.00	.000		.00		.00
ICF DD	0	Ü		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUE	RES MO	ONTH-OF-PAYMENT RE	SPORT F			DEC	2002	PAG	
MOP024	FEE-FOR-SERVICE/										01/17/03
MODOC COUNTY	SUMMARY OF SERVI		P-STZ	ATE-ONLY	ATD C	ODES OR	ОТ				01/1//00
110200 000111	5011111111 01 521111	1020 1011 00 2001		112 01.21	1111	0220 011	Mo	ЭМТЬ	ILY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVERA	GE COST	UNITS/DAY		COST PER		OST PER
00 EEIGIBEE	OBERG	OR DAYS OF CARE		E711 E1101 I 011E0		NIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	010 27112 01 07110	۶ '	.00	\$.00	.000	Ś	.00	\$.00
DURABLE MED. EQUIP.	0	0	Y	.00	Y	.00	.000	Y	.00	۲	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0									
HEARING AID DISPENSERS	U	Ü		.00		.00	.000		.00		.00

.00

.000

.00

.00

0

0

MEDICAL TRANSPORTATION

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,561
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	5 \$	311.75	\$ 62.35	.000 \$	311.75	\$.00
@PHYSICIANS SERVICES	1	5 \$	311.75	\$ 62.35	.000 \$	311.75	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	3		198.66	66.22	.000	198.66		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	2		113.09	56.55	.000	113.09		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-C	OF-PAYMENT REP	ORT FOR JAN	2002 THRU	DEC 2002	PAGE	,
MOP024	FEE-FOR-SERVICE/DENTA	L						C	1/17/03

MOP024 FEE-FOR-SERVICE/DENTAL MODOC COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

							MC	ONT:	HLY AVERA	.GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	2		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	1002 THRU DEC	2002	PAGE 7,563
MOP024	FEE-FOR-SERVICE/DENTAL	67 DOOMD MOM	7.7				01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	6 / BCCTP-TOT	AL		14017		~=
OO BITCIBIES	HORDO HINTED OF				MONT		
00 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000,000,000,000,000,000,000,000,000,0		S OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	Ü	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
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PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	7 , 564
MOP024	FEE-FOR-SERVICE/DENTAL	1								01	./17/03

----- MONTHLY AVERAGE -----00 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER USERS EXPENDITURES COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @ALL OTHER PROVIDERS 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .000 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

MODOC COUNTY

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,565
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERV	/ICES FOR	68 QMB	- ONLY		AID CO	ODE		
						MON	ITHLY AVERA	GE
USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
15		39	\$	3,431.15	\$ 87.98	.696 \$	228.74	\$ 61.27
5		18	\$	256.48	\$ 14.25	.321 \$	51.30	\$ 4.58
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
		USERS UNITS OF	USERS UNITS OF SERVICE OR DAYS OF CARE 15 39	OR DAYS OF CARE 15 39 \$	USERS UNITS OF SERVICE OR DAYS OF CARE 15 39 \$ 3,431.15 5 18 \$ 256.48 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE OR DER UNIT/DAY 15 39 \$ 3,431.15 \$ 87.98 5 18 \$ 256.48 \$ 14.25 0 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG PER UNIT/DAY PER ELIG SERVICE SEXPENDITURES PER UNIT/DAY PER ELIG SERVICE SEXPENDITURES PER UNIT/DAY PER ELIG SEXPENDITURES SEXPENDITURES PER UNITS/DAYS PER UNITS/DAYS SEXPENDITURES PER UNITS/DAYS SEXPEN	USERS

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	5	18		256.48		14.25	.321	51.30		4.58
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE:	S MONT		EPORT				PF	AGE 7,566
MOP024	FEE-FOR-SERVICE									01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 68 OMB -	ONLY			AID C	ODE			
		~					M	ONTHLY AVER	AGE -	
56 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	2	2	\$	22.82	\$	11.41	.036	\$ 11.41	\$.41
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	2	2		22.82		11.41	.036	11.41		.41
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	14	\$	2,770.14	\$	197.87	.250	\$	461.69	\$	49.47
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	14		2,770.14		197.87	.250		461.69		49.47
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	14		2,770.14		197.87	.250		461.69		49.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH	H-OF-PAYMENT RE	PORT	FOR JAN 20	02 THRU	DEC	2002	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	68 QMB	- ONLY			AID COD	E				

----- MONTHLY AVERAGE -----56 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 6 14 \$ 2,770.14 \$ 197.87 .250 \$ 461.69 \$ 49.47 .00 COMM HOSP INPATIENT TOTAL .00 .00 .000 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 NON-HSC HOSPITALS TOTAL 0 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 .00 .000 INPATIENT CROSSOVERS 0 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 6 14 2,770.14 197.87 .250 461.69 49.47 MEDICAL .00 .00 .000 .00 .00

CHRCERY	0	0		0.0		0.0	000		0.0		0.0
SURGERY	•	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	14		2,770.14		197.87	.250		461.69		49.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
ICF DDH	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDM/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	Ć		Ċ			ċ		Ċ	
@HEMODIALYSIS TOTAL	0	•	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	•	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	96.22	\$.00	.000	\$.00	\$	1.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		96.22		.00	.000		.00		1.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC		P	AGE 7,568
MOP024	FEE-FOR-SERVICE										01/17/03
MODOC COUNTY		ICES FOR 68 OMB	- ONLY			AID C	ODE				, , , , , , , , , , , , , , , , , , , ,
								ONT	HLY AVERA	GE ·	
56 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
00 111011110	OBERG	OR DAYS OF CAR		BMI BMDIIOMBO			PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	4	5	\$	285.49	\$	57.10	.089		71.37		5.10
DURABLE MED. EQUIP.	0	0	Ÿ	.00	Y	.00	.000	Y	.00	٧	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0							.00		
HEARING AID DISPENSERS	0	0		.00		.00	.000				.00
MEDICAL TRANSPORTATION	0	-		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	•	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

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ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

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PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	5	285.49	57.10	.089	71.37	5.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	15	39	\$ 3,334.93	\$ 85.51	.696	\$ 222.33	\$ 59.55

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,569
MOPDO24 FEE-FOR-SERVICE/DENTAL 01/17/03
MODDOC COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM ALD CODES 72 74 8N

MODOC COUNTY	SUMMARY OF SER	VICES FOR 69 133% PROGRAM	[A.	ID CODES 72 74	8N		
					MON	THLY AVERAGE	Ξ
250 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	81	145 \$	8,413.45	\$ 58.02	.580 \$	103.87	33.65
@PHYSICIANS SERVICES	19	27 \$	674.01	\$ 24.96	.108 \$	35.47	2.70
OUTPATIENT VISITS	17	20	571.95	28.60	.080	33.64	2.29
OFFICE VISITS	17	20	571.95	28.60	.080	33.64	2.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	49.14	24.57	.008	49.14	.20
PRINCIPAL SURGEON	1	2	49.14	24.57	.008	49.14	.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	14.86	3.72	.016	3.72	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	38.06	38.06	.004	38.06	.15
@PHARMACY	30	34 \$	535.82	\$ 15.76	.136 \$	17.86	2.14
PRESCRIPTION DRUGS	30	34	535.82	15.76	.136	17.86	2.14
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	30	34	535.82	15.76	.136	17.86	2.14

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00		.000		.00		.00
@DENTIST	1	1 \$	71.00	\$ 71.	.004	\$	71.00	\$.28
VISITS - DIAGNOSTIC	0	0	.00		.000		.00		.00
ORAL SURGERY	0	0	.00		.000		.00		.00
DRUGS	0	0	.00		.000		.00		.00
ANESTHESIA	0	0	.00		.000		.00		.00
PERIODONTICS	0	0	.00		.000		.00		.00
ENDODONTICS	1	1	71.00	71.	.004		71.00		.28
RESTORATIVE DENTISTRY	0	0	.00		.000		.00		.00
PROSTHETICS	0	0	.00		.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.000		.00		.00
					T337 0000 EUDIT	- DE-C	0000		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR	JAN 2002 THRU	DEC	2002	PI	AGE 7,570
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES A FEE-FOR-SERVICE/DEI		MONTH-OF-PAYMENT R	EPORT FOR	JAN 2002 THRU	DEC	2002	PA	AGE /,5/0 01/17/03
		NTAL		EPORT FOR ID CODES 7		DEC	2002	P1	
MOP024	FEE-FOR-SERVICE/DE	NTAL			2 74 8N		: 2002 HLY AVERA		
MOP024	FEE-FOR-SERVICE/DENSUMMARY OF SERVICES	NTAL		ID CODES 7	2 74 8N	MONT		.GE -	
MOP024 MODOC COUNTY	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL 5 FOR 69 133% PF	ROGRAM A	ID CODES 7	2 74 8N COST UNITS/DA	MONT YS	HLY AVERA	.GE -	01/17/03
MOP024 MODOC COUNTY	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	ROGRAM A	ID CODES 7	2 74 8N COST UNITS/DA /DAY PER ELI	MONT YS G	HLY AVERA	.GE - (01/17/03 COST PER
MOP024 MODOC COUNTY 250 ELIGIBLES	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	ROGRAM A EXPENDITURES	ID CODES 7 AVERAGE PER UNIT	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004	MONT YS G \$	HLY AVERA COST PER USER	.GE - (01/17/03 COST PER ELIGIBLE
MOP024 MODOC COUNTY 250 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	ROGRAM A EXPENDITURES 47.45	ID CODES 7 AVERAGE PER UNIT \$ 47. 47.	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004	MONT YS G \$	HLY AVERA COST PER USER 47.45	.GE - (01/17/03 COST PER ELIGIBLE .19
MOP024 MODOC COUNTY 250 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	ROGRAM A EXPENDITURES 47.45 47.45	ID CODES 7 AVERAGE PER UNIT \$ 47. 47.	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004 45 .004	MONT YS G \$	CHLY AVERA COST PER USER 47.45 47.45	.GE - (01/17/03 COST PER ELIGIBLE .19 .19
MOP024 MODOC COUNTY 250 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	ROGRAM A EXPENDITURES 47.45 47.45 .00	ID CODES 7 AVERAGE PER UNIT \$ 47. 47.	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004 45 .004 00 .000	MONT YS G \$	CHLY AVERA COST PER USER 47.45 47.45 .00	.GE - (01/17/03 COST PER ELIGIBLE .19 .19
MOP024 MODOC COUNTY 250 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	ROGRAM A EXPENDITURES 47.45 47.45 .00 .00	ID CODES 7 AVERAGE PER UNIT \$ 47. 47.	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004 45 .004 00 .000	MONT YS G \$	CHLY AVERA COST PER USER 47.45 47.45 .00	.GE - (I	01/17/03 COST PER ELIGIBLE .19 .19 .00
MOP024 MODOC COUNTY 250 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	EXPENDITURES 47.45 47.45 .00 .00 .00	AVERAGE PER UNIT \$ 47. 47.	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004 45 .004 00 .000 00 .000	MONT YS G \$	CHLY AVERA COST PER USER 47.45 47.45 .00 .00	.GE - (I	01/17/03
MOP024 MODOC COUNTY 250 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	EXPENDITURES 47.45 47.45 .00 .00 .00 .00	AVERAGE PER UNIT \$ 47. 47.	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004 45 .004 00 .000 00 .000 00 .000	MONT YS G \$	HLY AVERA COST PER USER 47.45 47.45 .00 .00 .00 .00	.GE - (I	01/17/03
MOP024 MODOC COUNTY 250 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	EXPENDITURES 47.45 47.45 .00 .00 .00 .00 .00	AVERAGE PER UNIT \$ 47. 47. \$	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004 45 .004 00 .000 00 .000 00 .000 00 .000	MONT YS G \$	HLY AVERA COST PER USER 47.45 47.45 .00 .00 .00 .00	.GE - () \$	01/17/03
MOP024 MODOC COUNTY 250 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% PF ITS OF SERVICE	EXPENDITURES 47.45 47.45 .00 .00 .00 .00 .00 .00	AVERAGE PER UNIT \$ 47. 47. \$	2 74 8N COST UNITS/DA /DAY PER ELI 45 .004 45 .004 00 .000 00 .000 00 .000 00 .000 00 .000	MONT YS G \$	HLY AVERA COST PER USER 47.45 47.45 .00 .00 .00 .00 .00	.GE - () \$	01/17/03 COST PER ELIGIBLE .19 .19 .00 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0	.00		.00	.00	n	.00		.00
OTHER	0	0	.00		.00	.00		.00		.00
@HOME HEALTH AGENCY	0	0 \$		\$.00	.00		.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	Ċ	.00	.00		.00	\$.00
	0	0 \$.00	د خ	.00	.00		.00	\$.00
NURSE MIDWIFE	0	0 \$		ې خ						
PEDIATRIC NURSE PRACTITIONER	•		.00	ې د	.00	.00		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	Ş	.00	.00			\$.00
@TOTAL HOSPITAL	9	28 \$	864.09	Ş	30.86	.11		96.01	Ş	3.46
HOSP INPATIENT TOTAL	0	0	.00		.00	.00		.00		.00
HSC HOSPITALS	0	0	.00		.00	.00		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.00		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.00	0	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.00	0	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.00	0	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.00	0	.00		.00
ANCILLARIES	0	0	.00		.00	.00	0	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.00	0	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.00	0	.00		.00
HOSP OUTPATIENT TOTAL	9	28	864.09		30.86	.11	2	96.01		3.46
MEDICAL	5	6	252.16		42.03	.02	4	50.43		1.01
SURGERY	1	1	118.00		118.00	.00		118.00		.47
PATHOLOGY	1	6	52.80		8.80	.02		52.80		.21
RADIOLOGY	3	3	107.47		35.82	.01		35.82		.43
ROOM USE	5	6	257.95		42.99	.02		51.59		1.03
CROSSOVERS/ALL OTH OUTPTNT	1	6	75.71		12.62	.02		18.93		.30
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.00		.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0 9	.00	Y	.00	.00		.00	Ÿ	.00
	0	0						.00		
HSC HOSPITALS	0		.00		.00	.00				.00
NON-HSC HOSPITALS TOTAL	U	0	.00		.00	.00		.00		.00
ACCOMMODATIONS	U	U	.00		.00	.00		.00		.00
ADMINISTRATIVE DAYS	U	0	.00		.00	.00		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.00		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.00		.00		.00
ANCILLARIES	0	0	.00		.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.00	0	.00		.00
MEDICAL	0	0	.00		.00	.00	0	.00		.00
SURGERY	0	0	.00		.00	.00	0	.00		.00
PATHOLOGY	0	0	.00		.00	.00	0	.00		.00
RADIOLOGY	0	0	.00		.00	.00	0	.00		.00
ROOM USE	0	0	.00		.00	.00	0	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.00	0	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THR	U DEC	2002	PAGE	E 7,571
MOP024	FEE-FOR-SERVICE	/DENTAL							(01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 69 133% P	ROGRAM A	AID COD	ES 72 74	8N				
							MONT	HLY AVERA	GE	
250 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER.	AGE COST			COST PER		ST PER
		OR DAYS OF CARE				PER EL		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	9	28 \$	864.09		30.86		2 \$	96.01		3.46
COMM HOSP INPATIENT TOTAL	0	0	.00	'	.00	.00		.00		.00
HSC HOSPITALS	0	0	.00		.00	.00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.00		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.00		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00		.00	.00		.00		.00
TRANSITTIONAL TO CARE	0	0	.00		.00	.00		00		.00

0 0 0

.00

0

TRANSITIONAL IP CARE

.00

.00

.000

.00

ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	9	28		864.09		30.86	.112	96.01		3.46
MEDICAL	5	6		252.16		42.03	.024	50.43		1.01
SURGERY	1	1		118.00		118.00	.004	118.00		.47
PATHOLOGY	1	6		52.80		8.80	.024	52.80		.21
RADIOLOGY	3	3		107.47		35.82	.012	35.82		.43
ROOM USE	5	6		257.95		42.99	.024	51.59		1.03
CROSSOVERS/ALL OTH OUTPTNT	4	6		75.71		12.62	.024	18.93		.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00		.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		•		.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	•		.00
ICF DDH	U	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	U	0	<u> </u>	.00	<u> </u>	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000			.00
HOSPITAL BASED	U	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	U	0	<u> </u>	.00	<u> </u>	.00	.000	.00		.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00	.000	\$.00		.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	ć	.00	Ċ	.00	.000	.00		.00
@LABORATORY FACILITY	3	6	\$	81.87	\$	13.65	.024			.33
PATHOLOGY	3	6		81.87		13.65	.024	27.29		.33
XO AND OTHERS	39	0	ć	.00	Ċ	.00	.000	.00	Ċ	.00
@ORGANIZED OUTPATIENT CLINIC	39	48	\$	6,139.21	Þ	127.90	.192	•		24.56
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	•		.00			.000			.00
HEROIN DETOX CLINIC	39	0 48		.00 6,139.21		.00 127.90	.000 .192	.00 157.42		.00 24.56
RURAL HEALTH CLINIC			IDEC M	6,139.21 ONTH-OF-PAYMENT F						
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		JKES M	IONIH-OF-PAIMENI F	REPORT	FOR JAN	2002 IRRU I	JEC 2002	P	AGE 7,572 01/17/03
MODOC COUNTY			0° DDC	OGRAM A	ATD CC	DEC 70 74	ONT			01/1//03
MODOC COUNTI	SUMMARI OF SERV	ICES FOR 09 13.	00 FRC	GRAM F	AID CC	DES 12 14		ONTHLY AVER	A C F	
250 ELIGIBLES	USERS	UNITS OF SERVIC	~E	EXPENDITURES	7/1/2	יסאכע כספיי	UNITS/DAYS			COST PER
200 EDIGIBLES	OSEKS	OR DAYS OF CAR		EAFENDITORES			PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		\$.00	\$.000			.00
DURABLE MED. EQUIP.	0	0	۲	.00	Y	.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
22112110 21221101 11011110	Ŭ	O		:00		• • • •	• 0 0 0	• 0 0		• 0 0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,573
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

----- MONTHLY AVERAGE -----443 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 208.75 \$ @TOTAL, ALL PROVIDERS 277 17,326.20 62.55 .625 \$ 39.11 @PHYSICIANS SERVICES 21 50 2,232.16 44.64 .113 \$ 106.29 \$ 5.04 19 35 37.68 .079 69.41 OUTPATIENT VISITS 1,318.75 2.98 14 22 26.57 41.75 OFFICE VISITS 584.49 .050 1.32 0 0 .00 HOME VISITS .00 .00 .000 .00 68.98 EMERGENCY ROOM 34.49 .005 34.49 .16 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 11 665.28 60.48 .025 95.04 1.50 .00 .00 .000 .00 .00 OTHER OUTPATIENT INPATIENT VISITS 83.57 41.79 .005 83.57 .19 HOSPITAL VISITS 83.57 41.79 .005 83.57 .19 CRITICAL CARE .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 544.28 544.28 .002 544.28 1.23 INPATIENT HOSPITAL SURGERY 544.28 544.28 544.28 1.23 PRINCIPAL SURGEON .002 .00 .00 ASSISTANT SURGEON .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 242.33 121.17 .005 121.17 .55 242.33 121.17 121.17 .55 PRINCIPAL SURGEON .005 .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .00 .000 .00 DIALYSIS 40.23 PATHOLOGY 5.03 .018 5.75 .09 .000 RADIOLOGY .00 .00 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	3.00	1.50	.005	1.50	.01
@PHARMACY	18	33 \$	1,466.53	\$ 44.44	.074	\$ 81.47	\$ 3.31
PRESCRIPTION DRUGS	18	33	1,466.53	44.44	.074	81.47	3.31
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	18	33	1,466.53	44.44	.074	81.47	3.31
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 7,574
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

MODOC COUNTY

							M	ONT	HLY AVERA	GE	
443 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	2		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	17	\$	434.79	\$	25.58	.038	\$	72.47	\$.98
DIAGNOSTIC AND ANC. PROCED	6	6		284.70		47.45	.014		47.45		.64
EYE APPLIANCES	4	11		150.09		13.64	.025		37.52		.34
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	42	\$	5 , 550.37	\$	132.15	.095	\$	292.12	\$	12.53
HOSP INPATIENT TOTAL	1	3		4,453.31		1484.44	.007		4453.31		10.05
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	3		4,453.31		1484.44	.007		4453.31		10.05
ACCOMMODATIONS	1	3		1,604.25		534.75	.007		1604.25		3.62
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		1,604.25		534.75	.007		1604.25		3.62
ANCILLARIES	1	0		2,849.06		.00	.000		2849.06		6.43
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	18	39		1,097.06	28.13	.088	60.95	2.48
MEDICAL	4	4		230.17	57.54	.009	57.54	.52
SURGERY	2	2		182.61	91.31	.005	91.31	.41
PATHOLOGY	8	16		145.20	9.08	.036	18.15	.33
RADIOLOGY	5	4		241.06	60.27	.009	48.21	.54
ROOM USE	4	6		219.40	36.57	.014	54.85	.50
CROSSOVERS/ALL OTH OUTPTNT	3	7		78.62	11.23	.016	26.21	.18
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
" -		ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 7,575
	FEE-FOR-SERVICE							01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 70 100%	PROGR	AM AI	ID CODES 7A 7C			
							NTHLY AVERA	
443 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	42	\$	5,550.37	\$ 132.15	.095	\$ 292.12	\$ 12.53

COMM HOSP INPATIENT TOTAL	1	3		4,453.31		1484.44	.007		4453.31		10.05
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	3		4,453.31		1484.44	.007		4453.31		10.05
ACCOMMODATIONS	1	3		1,604.25		534.75	.007		1604.25		3.62
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		1,604.25		534.75	.007		1604.25		3.62
ANCILLARIES	1	0		2,849.06		.00	.000		2849.06		6.43
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	18	39		1,097.06		28.13	.088		60.95		2.48
MEDICAL	4	4		230.17		57.54	.009		57.54		.52
SURGERY	2	2		182.61		91.31	.005		91.31		.41
PATHOLOGY	8	16		145.20		9.08	.036		18.15		.33
RADIOLOGY	5	4		241.06		60.27	.009		48.21		.54
ROOM USE	4	6		219.40		36.57	.014		54.85		.50
CROSSOVERS/ALL OTH OUTPTNT	3	7		78.62		11.23	.016		26.21		.18
@STATE HOSPITAL	5	0	\$.00	\$			\$.00	Ċ	.00
-	0	· ·	ş		Ş	.00		Ą		Ą	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	U	0		.00	_	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000	·	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	4	\$	110.18	\$	27.55	.009	\$	27.55	Ś	.25
PATHOLOGY	<u>1</u> Δ	4	Ψ.	110.18	Ψ.	27.55	.009	۲	27.55	۲	.25
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	31	40	\$	6,921.42	\$	173.04	.090	\$	223.27	Ċ	15.62
CLINIC CLINIC	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0		.00					.00		
	0	0				.00	.000				.00
HEROIN DETOX CLINIC	•			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	40		6,921.42		173.04	.090	D=0	223.27	_	15.62
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES MONT	H-OF-PAYMENT R.	EPORT	' FOR JAN 2	2002 THRU	DEC	2002	Ρ.	AGE 7,576
MOP024	FEE-FOR-SERVICE						0-				01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 70 100	% PROGRAI	M A	ID CC	DES /A /C					
							M			_	
443 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CAR	E		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	14	91	\$	610.75	\$	6.71	.205	\$	43.63	\$	1.38
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	67.80	8.48	.018	16.95	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	83	542.95	6.54	.187	54.30	1.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00		.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 57.15	\$ 57.15	.002	\$ 57.15	\$.13
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,577 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 80 229 10,222.35 \$ 44.64 .000 \$ 127.78 \$.00 .00 61 107 6,327.31 59.13 .000 \$ 103.73 \$ @PHYSICIANS SERVICES OUTPATIENT VISITS 53 72.43 116.16 6,156.66 .000 .00 7 15.99 OFFICE VISITS 9 111.92 12.44 .000 .00 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 .00 .00 .000 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 6,044.74 79.54 .000 114.05 .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	19	19		74.45	3.92	.000	3.92		.00
RADIOLOGY	3	3		96.20	32.07	.000	32.07		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	1	1 5	Ş	4.39	\$ 4.39	.000	\$ 4.39	\$.00
PRESCRIPTION DRUGS	1	1		4.39	4.39	.000	4.39		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	1	1		4.39	4.39	.000	4.39		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-O	F-PAYMENT REP	ORT FOR JAN	2002 THRU	DEC 2002	PAGE	,
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/17/03

						Mo	TNC	CHLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	32	\$ 1,174.66	\$	36.71	.000	\$	83.90	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

MODOC COUNTY

ALL OTHER ACCOR	O	O	• 0 0	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	32	1,174.66	36.71	.000	83.90	.00
MEDICAL	1	1	13.89	13.89	.000	13.89	.00
SURGERY	1	5	164.90	32.98	.000	164.90	.00
PATHOLOGY	4	6	60.70	10.12	.000	15.18	.00
RADIOLOGY	9	9	658.39	73.15	.000	73.15	.00
ROOM USE	6	11	276.78	25.16	.000	46.13	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0 5	.00	.00	.000	.00	.00
	0	0			.000		
HSC HOSPITALS	U	•	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ü	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV							PAGE 7,579
MOP024	FEE-FOR-SERVICE/DI		MONIH-OF-FAIMENI RE	FORT FOR JAN A	ZUUZ INKU DE	2002	01/17/03
			DI TOTRILIMY PROMI	NIE ATD GODEG	7.0		01/1//03
MODOC COUNTY	SUMMARY OF SERVICE	LS FOR /I PRESUMP	ELIGIBILITY-PREGNA	ANT AID CODES		DIII V 7.7	CE
OO BLICIDIES	HODDO	ITEG OF GERMAN		317DD3 CD COOR	MON'		
00 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST			
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	32 \$	1,174.66	\$ 36.71	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	32	1,174.66	36.71	.000	83.90	.00
MEDICAL	1	1	13.89	13.89	.000	13.89	.00
SURGERY	± 1	5	164.90	32.98	.000	164.90	.00
PATHOLOGY	± 1	5	60.70	10.12	.000	15.18	.00
RADIOLOGY	4	0				73.15	
VWDIOFOGI	Ω	Ω					
DOOM HEE	9	9	658.39	73.15	.000		.00
ROOM USE	9 6	11	276.78	25.16	.000	46.13	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	9 6 0						.00

0 0 0

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ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE ALL OTHER ACCOM

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	36	80	\$	1,822.56	\$	22.78	.000	\$		\$.00
PATHOLOGY	36	80		1,822.56		22.78	.000		50.63		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	263.43	\$	87.81	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	3		263.43		87.81	.000		131.72		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES N	IONTH-OF-PAYMENT RE	EPORT	r for jan 20	002 THRU	DEC	2002	PAG	,
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	R 71 PRE	ESUMP	ELIGIBILITY-PREGNA	TNA	AID CODES 7					
						-	M	ITNC	HLY AVERA	GE	

00 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 6	6 \$	630.00	\$ 105.00	.000 \$	105.00 \$.00
DURABLE MED. EQUIP. 0	0	.00	.00	.000	.00	.00
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0	0	.00	.00	.000	.00	.00
OTHER TRANS 0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 6	6	630.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,581
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

110200 0001111	DOIMMING OF DELIC	VIOLD IOIC /	2 1111111	01111	TODELCOTORIO TICOC	J1 (2 11 1	1110 00	,,,,				
								MC	NTHLY	AVER <i>A</i>	4GE	
00 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST	PER		COST PER
		OR DAYS C	F CARE			PER	UNIT/DAY	PER ELIG	US	ER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

 $[\]star\star$ These data are included in the appropriate detail lines above.

INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00			.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00			.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00			.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00			.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00			.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00			.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00			.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00			.00
DIALYSIS	0		0		.00		.00	.000	.00			.00
PATHOLOGY	0		0		.00		.00	.000	.00			.00
RADIOLOGY	0		0		.00		.00	.000	.00			.00
PSYCHIATRY	0		0		.00		.00	.000	.00			.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00			.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00			.00
@PHARMACY	0		0	\$.00	\$.00	.000				.00
PRESCRIPTION DRUGS	0		0	٧	.00	Y	.00	.000	.00			.00
SNF/ICF	0		0		.00		.00	.000	.00			.00
OUTPATIENTS	0		0		.00		.00	.000	.00			.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00			.00
@DENTIST	0		0	\$		\$						
	0		ŭ	Þ	.00	Ą	.00	.000				.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00			.00
ORAL SURGERY	0		0		.00		.00	.000	.00			.00
DRUGS	U		•		.00		.00	.000	.00			.00
ANESTHESIA	0		0		.00		.00	.000	.00			.00
PERIODONTICS	0		0		.00		.00	.000	.00			.00
ENDODONTICS	0		0		.00		.00	.000	.00			.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00			.00
PROSTHETICS	0		0		.00		.00	.000	.00			.00
DENTURES, STAYPLATES	0		0		.00		.00	.000	.00			.00
SPACE MAINTAINERS	0		0		.00		.00	.000	.00			.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	.00			.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	.00			.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.00			.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.00			.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EX	PENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU D	EC 2002			7,582
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/	17/03
MODOC COUNTY	SUMMARY OF SERV	VICES FOR	72 MEDI	-CAL	TUBERCULOSIS PROG	GRAM	AID CO	DE				
								MC	NTHLY AVER	AGE		
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST	PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGI	BLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00			.00
EYE APPLIANCES	0		0		.00		.00	.000	.00			.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00			.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000	.00			.00
OTHER SERVICES	0		0		.00		.00	.000	.00			.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00			.00
SURGERY/ANES.	0		0		.00		.00	.000	.00			.00
RADIO./PATHOLOGY	0		Ö		.00		.00	.000	.00			.00
OTHER	0		Ō		.00		.00	.000	.00			.00
@HOME HEALTH AGENCY	0		Ö	\$.00	\$.00		\$.00			.00
NURSE ANESTHESIST	0		0	\$.00	Ś	.00		\$.00			.00
NURSE MIDWIFE	0		0	\$.00	S	.00		\$.00			.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	Ś	.00		\$.00			.00
TOTALITA MONOR TIMOTATIONEN	J		U	~	.00	~	. 0 0	.000	00	4		• 0 0

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
	0	0							
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	U	U		.00		.00	.000	.00	.00
ANCILLARIES	U	U		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	·	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
	0	0		.00				.00	
ALL OTHER INPATIENT	0	0				.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	U		.00		.00	.000	.00	.00
MEDICAL	U	U		.00		.00	.000	.00	.00
SURGERY	Ü	0		.00		.00	.000	.00	.00
PATHOLOGY	U	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORT F	OR JAN 2	2002 THRU D	EC 2002	PAGE 7,583
MOP024	FEE-FOR-SERVIC								01/17/03
MODOC COUNTY	SUMMARY OF SER	VICES FOR 72 MEDI	-CAL '	TUBERCULOSIS PROC	GRAM	AID CO			
	MONTHLY AVERAGE								
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER	COST PER
		OR DAYS OF CARE			PER U	NIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
PEDICAL	U	U		.00		.00	.000	.00	.00

SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
	. 0			Ċ				Ċ	
@STATE HOSPITAL	U		.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	; 0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
	0	•		Ċ				Ċ	
@INTERMEDIATE CARE FACILDD	0		.00	\$.00		\$.00	\$.00
ICF DDH	Ü	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	.00	4	.00	.000	.00	Ψ	.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	ċ	.00			\$	
•	0	•		\$			•	Ą	.00
PATHOLOGY	U	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES		EPORT F				PΔ	GE 7,584
MOP024	FEE-FOR-SERVICE/DENTA			LI OI(I I	010 01110 2	LOOZ IIIKO D	10 2002		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES F		AT THE POSITIONED DO	CDAM	AID CO	שתר			01/11/03
MODOC COUNTI	SOMMAKI OF SERVICES F	ON /Z MEDI CA	AL TODERCOLOSIS FRO	GIVAM	AID CO		NTHLY AVERA	CF -	
OO ELICIDIES	USERS UNITS	OF CEDITOR	EADENDIMIDEC	7 (121) 7	CE COCE	UNITS/DAYS			
00 ELIGIBLES		OF SERVICE	EXPENDITURES						OST PER
0		AYS OF CARE	0.0		NIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00		.00
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	Ō	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
	0	0							
GENETIC DISEASE TESTING	•		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	0	0	.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,585 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

								MO	TINC	HLY AVERA	GE	
04 ELIGIBLES	USERS	UNITS OF	SERVICE	Ε	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	S C	COST PER		COST PER
		OR DAYS	OF CAR	Ε		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2		10	\$	4,948.63	\$	494.86	2.500	\$	2474.32	\$	1237.16
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	MONTH-OF-PAYMENT REPOR	T FOR JAN 20	02 THRU DEC	2002 F	PAGE 7,586
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
					_		

----- MONTHLY AVERAGE -----04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .000 @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 .000 VISITS 0 .00 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 0 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

MODOC COUNTY

RADIO./PATHOLOGY	0	0		.00		.000		.00		.00
OTHER	0	0		.00		.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	5	\$	4,388.67	\$ 877.	73 1.250	\$	4388.67	\$	1097.17
HOSP INPATIENT TOTAL	1	5		4,355.00	871.	00 1.250		4355.00		1088.75
HSC HOSPITALS	0	0		.00		.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	5		4,355.00	871.	00 1.250		4355.00		1088.75
ACCOMMODATIONS	1	5		4,355.00	871.			4355.00		1088.75
ADMINISTRATIVE DAYS	0	0		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00		.00
ALL OTHER ACCOM	1	5		4,355.00	871.	00 1.250		4355.00		1088.75
ANCILLARIES	1	0		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		00 .000		.00		.00
ALL OTHER INPATIENT	0	Ō		.00		00 .000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		33.67		00 .000		.00		8.42
MEDICAL	0	0		.00		.000		.00		.00
SURGERY	0	0		.00		00 .000		.00		.00
PATHOLOGY	0	0		2.43		.000		.00		.61
RADIOLOGY	0	0		16.98		00 .000		.00		4.25
ROOM USE	0	0		14.26		00 .000		.00		3.57
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		00 .000		.00		.00
@COUNTY HOSPITAL TOTAL	0	Ō	\$.00		00 .000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	•	00 .000		.00	·	.00
HSC HOSPITALS	0	0		.00		00 .000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		00 .000		.00		.00
ACCOMMODATIONS	0	0		.00		00 .000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		00 .000		.00		.00
ALL OTHER ACCOM	0	0		.00		00 .000		.00		.00
ANCILLARIES	0	0		.00		00 .000		.00		.00
INPATIENT CROSSOVERS	0	Ō		.00		00 .000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		00 .000		.00		.00
MEDICAL	0	0		.00		00 .000		.00		.00
SURGERY	0	0		.00		00 .000		.00		.00
PATHOLOGY	0	Ô		.00		00 .000		.00		.00
RADIOLOGY	0	0		.00		00 .000		.00		.00
ROOM USE	0	0		.00		00 .000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	Ö		.00		00 .000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	-	RES MONTH				DEC		P	AGE 7,587
MOP024	FEE-FOR-SERVICE/DENTAL				, 2010				_	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	73 MTNC	R CONSEN	IT AID CODES ATI	D CODES 7	M 7P 7R				31,11,00
	TITELLI OF SHILLIONS FOR				_ 00200 /				~-	

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 04 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,388.67 \$ 877.73 1.250 \$ 4388.67 \$ 1097.17 @COMMUNITY HOSPITAL TOTAL 1 5 \$ COMM HOSP INPATIENT TOTAL 5 4,355.00 871.00 1.250 4355.00 1088.75 .00 .000 .00 0 .00 .00 HSC HOSPITALS 4,355.00 871.00 1.250 4355.00 1088.75 NON-HSC HOSPITALS TOTAL 871.00 1.250 4355.00 1088.75 ACCOMMODATIONS 4,355.00 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00

ALL OTHER ACCOM	1	5		4,355.00		871.00	1.250		4355.00		1088.75
ANCILLARIES	1	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		33.67		.00	.000		.00		8.42
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		2.43		.00	.000		.00		.61
RADIOLOGY	0	0		16.98		.00	.000		.00		4.25
ROOM USE	0	0		14.26		.00	.000		.00		3.57
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	7.60	\$	7.60	.250	\$	7.60	\$	1.90
PATHOLOGY	1	1		7.60		7.60	.250		7.60		1.90
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	4	\$	552.36	\$	138.09	1.000	\$		\$	138.09
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	4		552.36		138.09	1.000		552.36		138.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,588
MOP024	FEE-FOR-SERVICE/DENTAI										01/17/03

----- MONTHLY AVERAGE -----04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 \$.00 \$.00 .000 \$.00 \$ @ALL OTHER PROVIDERS .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 0 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER TRANS .000 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

MODOC COUNTY

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,589
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF	-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	2002	PAGE 7,590
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	74 FOR	FUTURE USE					
						MONT	THLY AVERAG	E

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

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PER UNIT/DAY PER ELIG

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ELIGIBLE

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00 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

@OPTOMETRIST

EYE APPLIANCES

USERS

0

0

0

0

OR DAYS OF CARE

0 \$

0

0

0

@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	Ō	0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	Ô	0	Ś	.00	Ś	.00		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	۲	.00	Y	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
	0	0		.00				.00	
ADMINISTRATIVE DAYS	0	· · · · · · · · · · · · · · · · · · ·				.00	.000		.00
TRANSITIONAL IP CARE	•	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	Û	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
	· ·	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	•	· · · · · · · · · · · · · · · · · · ·	70 MO						
	FEE-FOR-SERVIC	CES AND EXPENDITURE	TO MO	NTH-OF-PAIMENT RE	LPORT	FOR JAN 20	JUZ THRU D.	EC 2002	PAGE 7,591
MOPO24		,		SE HOE					01/17/03
MODOC COUNTY	SUMMAKY OF SER	VICES FOR 74 FOR I	uu'UR	E USE			3.40		CE
00 51151515	*********	INTEG OF CERTIFICA			A				GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER	COST PER
O COMMINITELY LIO CRITERIA TOTAL	^	OR DAYS OF CARE		0.0		UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0									
INPATIENT CROSSOVERS	U	U		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U	U		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	Ü	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Ψ.	.00	Ψ	.00	.000	Τ.	.00	Τ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0				.00	.000				.00
	0	· · · · · · · · · · · · · · · · · · ·		.00		.00	.000		.00		.00
LEV B-REGULAR	U	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	·	.00	•	.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	Ψ	.00	Ψ	.00	.000	т	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			DEC 1					DEC		PAGE	
			KES I	MONTH-OF-PAYMENT R	EPURI	FOR JAN 2	UUZ IHRU .		2002	_	,
MOPOS COLINEY	FEE-FOR-SERVICE		DITMI	TIDE TIGE						U	1/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTC	URE USE			3.6	ONTEN:		~=	
00 81 1018180	HODDO	INITEG OF GENITA	-		7.7.7		M				
00 ELIGIBLES	USERS			EXPENDITURES							
0.1.1. 0.00000 0.0000000000000000000000	2	OR DAYS OF CAR		2.2		. UNIT/DAY					
@ALL OTHER PROVIDERS	0	0	Ş	.00	\$.00		Ş	.00	Ş	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $\ensuremath{\text{@}}^\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,593
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

			_,				
					MON	THLY AVERA	GE
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5	6 \$	2,368.63	\$ 394.77	1.000 \$	473.73	\$ 394.77
@PHYSICIANS SERVICES	3	4 \$	1,227.74	\$ 306.94	.667 \$	409.25	\$ 204.62
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4	1,227.74	306.94	.667	409.25	204.62
PRINCIPAL SURGEON	3	3	1,066.10	355.37	.500	355.37	177.68

ASSISTANT SURGEON	1	1		161.64		161.64	.167		161.64		26.94
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	1	\$	102.89	\$	102.89	.167	\$	102.89	\$	17.15
PRESCRIPTION DRUGS	1	1		102.89		102.89	.167		102.89		17.15
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		102.89		102.89	.167		102.89		17.15
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE	7,594
MOP024	FEE-FOR-SERVICE/DENTA	ΑL								0	1/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

----- MONTHLY AVERAGE -----06 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 .000 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .00 .00 0 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. Ω .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 0 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 .000 \$ NURSE ANESTHESIST .00 \$.00 .00 .00 NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 0 .00 .000 \$.00 \$.00 1 939.16 939.16 @TOTAL HOSPITAL .167 \$ 939.16 \$ 156.53 871.00 871.00 871.00 .167 145.17 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL 871.00 871.00 .167 871.00 145.17 ACCOMMODATIONS 871.02 871.02 .167 871.02 145.17

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	871.02	871.02	.167	871.02	145.17
ANCILLARIES	1	0	.02	CR .00	.000	.02CH	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	68.16	.00	.000	.00	11.36
MEDICAL	0	0	27.60	.00	.000	.00	4.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	6.63	.00	.000	.00	1.11
RADIOLOGY	0	0	5.74	.00	.000	.00	.96
ROOM USE	0	0	19.27	.00	.000	.00	3.21
CROSSOVERS/ALL OTH OUTPTNT	0	0	8.92	.00	.000	.00	1.49
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,595

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY

MODOC COUNTY	SUMMARI OF SERVICE	5 FUR /3 551 .	APPEAL/NL	DC	AID CODES				
0.6 ========							NTHLY AVERA		
06 ELIGIBLES		ITS OF SERVICE		XPENDITURES	AVERAGE COST				COST PER
		R DAYS OF CARE		000 16	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	939.16	\$ 939.16	.167	•	Ş	156.53
COMM HOSP INPATIENT TOTAL	1	1		871.00	871.00	.167	871.00		145.17
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	1		871.00	871.00	.167	871.00		145.17
ACCOMMODATIONS	1	1		871.02	871.02	.167	871.02		145.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	1		871.02	871.02	.167	871.02		145.17
ANCILLARIES	1	0		.02CR	.00	.000	.020	JR	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		68.16	.00	.000	.00		11.36
MEDICAL	0	0		27.60	.00	.000	.00		4.60
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		6.63	.00	.000	.00		1.11
RADIOLOGY	0	0		5.74	.00	.000	.00		.96
ROOM USE	0	0		19.27	.00	.000	.00		3.21
CROSSOVERS/ALL OTH OUTPTNT	0	0		8.92	.00	.000	.00		1.49
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	Ś	.00
MENTALLY ILL	0	0	т	.00	.00	.000	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0	Y	.00	.00	.000	.00	Y	.00
LEV A INTERMEDIATE LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
	0	0							
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	•		.00	.00	.000	.00		.00
LEV B-REGULAR	•	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	Ş	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	•	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	•	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	98.84	\$.00	.000	\$.00	\$	16.47
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		98.84	.00	.000	.00		16.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MONTH-						AGE 7,596
MOP024	FEE-FOR-SERVICE/DE		·					-	01/17/03
MODOC COUNTY	SUMMARY OF SERVICE		APPEAT,/NT.	DC	AID CODES	6N			01,11,00
110200 0001111		5 1010 75 551 .	/ 1111		TITO CODED		NTHLY AVERA	AGE	
06 ELIGIBLES	USERS UN	ITS OF SERVICE	'ਧ	XPENDITIRES	AVERAGE COST			-	COST PER
00 5010000	ODERO ON	TIO OF DERVICE	، ننا	71 TIVE T T UIVE	114 11/17/01 (00) 1	OMTIO/ DUID	, CODI LEIX		CODI IIII

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $\ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,597
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

110200 0001111	DOIMMING OF DELIC	1 0 1 0 1 0 1 0 1 0 1 1	111 011	I I I I I I I I I I I I I I I I I I I					
						MOI	NTHLY AVERA	GE -	
23,996 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	13,668	136,144	\$	10,058,877.97	\$ 73.88	5.674	\$ 735.94	\$	419.19
@PHYSICIANS SERVICES	2,684	7,865	\$	357,028.68	\$ 45.39	.328	\$ 133.02	\$	14.88
OUTPATIENT VISITS	1,621	2,287		82 , 669.67	36.15	.095	51.00		3.45
OFFICE VISITS	1,262	1,699		49,656.90	29.23	.071	39.35		2.07
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	231	247		11,230.17	45.47	.010	48.62		.47
PREVENTIVE CARE	1	2		54.74	27.37	.000	54.74		.00
OB VISITS/COMPRE PERI	196	287		19,918.56	69.40	.012	101.63		.83
OTHER OUTPATIENT	47	52		1,809.30	34.79	.002	38.50		.08
INPATIENT VISITS	136	591		41,746.39	70.64	.025	306.96		1.74
HOSPITAL VISITS	100	327		15,774.90	48.24	.014	157.75		.66
CRITICAL CARE	23	223		25,121.15	112.65	.009	1092.22		1.05
SNF/ICF/TRANS IP CARE	21	41		850.34	20.74	.002	40.49		.04
OPHTHALMOLOGICAL SERVICES	21	22		816.87	37.13	.001	38.90		.03
EXAMINATIONS	21	22		816.87	37.13	.001	38.90		.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	113	792		73,081.85		92.28	.033		646.74		3.05
PRINCIPAL SURGEON	88	118		61,016.47		517.09	.005		693.37		2.54
ASSISTANT SURGEON	13	13		3,158.89		242.99	.001		242.99		.13
ANESTHESIOLOGIST	35	661		8,906.49		13.47	.028		254.47		.37
OUTPATIENT SURGERY	257	881		58,376.68		66.26	.037		227.15		2.43
PRINCIPAL SURGEON	222	274		51,101.82		186.50	.011		230.19		2.13
ASSISTANT SURGEON	7	7		920.95		131.56	.000		131.56		.04
ANESTHESIOLOGIST	42	600		6,353.91		10.59	.025		151.28		.26
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	355	499		4,564.51		9.15	.021		12.86		.19
RADIOLOGY	403	685		32,103.61		46.87	.029		79.66		1.34
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	84	168		4,183.40		24.90	.007		49.80		.17
OTHER SERVICES/ALL X-OVERS	639	1,940		59,485.70		30.66	.081		93.09		2.48
@ PHARMACY	8,346	37,341	\$	2,006,821.61	\$		1.556	\$		\$	83.63
PRESCRIPTION DRUGS	8,290	30,276		1,966,945.42		64.97	1.262		237.27		81.97
SNF/ICF	758	3,998		228,911.52		57.26	.167		301.99		9.54
OUTPATIENTS	7,604	26,278		1,738,033.90		66.14	1.095		228.57		72.43
MEDICAL SUPPLIES	304	7,065		39,876.19		5.64	.294		131.17		1.66
@DENTIST	227	1,203	\$	61,471.85	\$.050	\$	270.80	\$	2.56
VISITS - DIAGNOSTIC	138	568		6,799.75		11.97	.024		49.27		.28
ORAL SURGERY	45	149		12,796.00		85.88	.006		284.36		.53
DRUGS	11	19		348.75		18.36	.001		31.70		.01
ANESTHESIA	20	20		2,100.00		105.00	.001		105.00		.09
PERIODONTICS	3	4		600.00		150.00	.000		200.00		.03
ENDODONTICS	20	61		6,268.00		102.75	.003		313.40		.26
RESTORATIVE DENTISTRY	64	273		21,727.35		79.59	.011		339.49		.91
PROSTHETICS	2	2		30.00		15.00	.000		15.00		.00
DENTURES, STAYPLATES	17	48		6,130.00		127.71	.002		360.59		.26
SPACE MAINTAINERS	5	10		1,199.00		119.90	.000		239.80		.05
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000		48.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	28	42		3,350.00		79.76	.002		119.64		.14
ALL OTHER SERVICES	6	6		75.00		12.50	.000		12.50		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		ES M	ONTH-OF-PAYMENT RE	ZPORT			EC		F	PAGE 7,598
MOP024	FEE-FOR-SERVIC									_	01/17/03
MODOC COUNTY		VICES FOR 80 TOTA	L CE	RTIFIED							01/1//00
110200 000111	DOILING OF DER	VIOLO 1010 00 10111					MO	NTF	ILY AVERA	GE	
23,996 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVF.	RAGE COST	UNITS/DAYS			-	COST PER
20,330 2212223	00210	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	699	1,564	\$	33,526.75	Ś	21.44	.065	Ś	47.96		1.40
COLIONDIKIOI	240	1,301	~	14 500 36					17.50		1.10

23,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST R UNIT/DAY	UNITS/DAY PER ELIG	S	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	699	1,564	\$ 33,526.75	\$ 21.44	.065	\$	47.96	\$ 1.40
DIAGNOSTIC AND ANC. PROCED	342	385	14,529.36	37.74	.016		42.48	.61
EYE APPLIANCES	375	927	14,319.69	15.45	.039		38.19	.60
OTHER OPTOMETRIC SERVICES	198	252	4,677.70	18.56	.011		23.62	.19
@CHIROPRACTOR	8	13	\$ 211.17	\$ 16.24	.001	\$	26.40	\$.01
VISITS	7	11	177.73	16.16	.000		25.39	.01
OTHER SERVICES	1	2	33.44	16.72	.000		33.44	.00
@PODIATRIST	4	4	\$ 113.79	\$ 28.45	.000	\$	28.45	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	4	4	113.79	28.45	.000		28.45	.00
@HOME HEALTH AGENCY	1	58	\$ 4,341.88	\$ 74.86	.002	\$	4341.88	\$.18
NURSE ANESTHESIST	2	28	\$ 162.14	\$ 5.79	.001	\$	81.07	\$.01
NURSE MIDWIFE	3	14	\$ 654.54	\$ 46.75	.001	\$	218.18	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	2	3	\$	112.80	\$	37.60	.000			.00
@TOTAL HOSPITAL	3,192	14,917	\$	1,655,472.16	\$	110.98	.622		\$	
HOSP INPATIENT TOTAL	212	916		1,238,483.77		1352.06	.038	5841.90		51.61
HSC HOSPITALS	10	41		53,246.00		1298.68	.002	5324.60		2.22
NON-HSC HOSPITAL TOTAL	151	675		1,149,379.97		1702.79	.028	7611.79		47.90
ACCOMMODATIONS	147	675		417,472.11		618.48	.028	2839.95		17.40
ADMINISTRATIVE DAYS	1	2		450.99		225.50	.000	450.99		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	147	673		417,021.12		619.65	.028	2836.88		17.38
ANCILLARIES	151	0		731,907.86		.00	.000	4847.07		30.50
INPATIENT CROSSOVERS	52	200		35,857.80		179.29	.008	689.57		1.49
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3,071	14,001		416,988.39		29.78	.583	135.78		17.38
MEDICAL	1,074	1,702		56,048.23		32.93	.071	52.19		2.34
SURGERY	225	242		23,077.24		95.36	.010	102.57		.96
PATHOLOGY	1,154	3,909		39,019.16		9.98	.163	33.81		1.63
RADIOLOGY	930	1,322		103,388.55		78.21	.055	111.17		4.31
ROOM USE	1,044	1,442		63,614.38		44.12	.060	60.93		2.65
CROSSOVERS/ALL OTH OUTPTNT	1,480	5,384		131,840.83		24.49	.224	89.08		5.49
@COUNTY HOSPITAL TOTAL	2	18	\$	204.41	\$	11.36	.001	\$ 102.21	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	18		204.41		11.36	.001	102.21		.01
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	16		130.78		8.17	.001	65.39		.01
RADIOLOGY	1	1		39.20		39.20	.000	39.20		.00
ROOM USE	1	1		34.43		34.43	.000	34.43		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU I	DEC 2002]	PAGE 7,599
	FEE-FOR-SERVICE									01/17/03
MODOC COUNTY	SUMMARY OF SERV	ICES FOR 80 TO	TAL CI	ERTIFIED						
							MC	NTHLY AVER	AGE	
23,996 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CAR	RE		PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE

OR DAYS OF CARE USER @COMMUNITY HOSPITAL TOTAL 3,190 14,899 1,655,267.75 \$ 111.10 .621 \$ 518.89 \$ 68.98 .038 COMM HOSP INPATIENT TOTAL 916 1,238,483.77 1352.06 5841.90 51.61 1298.68 1702.79 5324.60 2.22 HSC HOSPITALS 10 41 53,246.00 .002 NON-HSC HOSPITALS TOTAL 151 675 1,149,379.97 .028 7611.79 47.90 147 675 618.48 2839.95 17.40 ACCOMMODATIONS 417,472.11 .028 1 2 225.50 ADMINISTRATIVE DAYS 450.99 .000 450.99 .02 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 147 673 417,021.12 619.65 .028 2836.88 17.38 151 0 731,907.86 .00 4847.07 30.50 ANCILLARIES .000 200 35,857.80 179.29 689.57 .008 1.49 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 135.80 COMM HOSP OUTPATIENT TOTAL 3,069 13,983 416,783.98 29.81 .583 17.37 MEDICAL 1,074 1,702 56,048.23 32.93 .071 52.19 2.34

SURGERY	225	242	23,077.24	95.36	.010	102.57	.96
PATHOLOGY	1,152	3 , 893	38,888.38	9.99	.162	33.76	1.62
RADIOLOGY	929	1,321	103,349.35	78.24	.055	111.25	4.31
ROOM USE	1,043	1,441	63,579.95	44.12	.060	60.96	2.65
CROSSOVERS/ALL OTH OUTPINT	1,480	5 , 384	131,840.83	24.49	.224	89.08	5.49
@STATE HOSPITAL	7	549	\$ 294,264.00	\$ 536.00	.023	\$ 42037.71	\$ 12.26
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	549	294,264.00	536.00	.023	42037.71	12.26
@NURSING FACILITY	852	25 , 512	\$ 4,206,535.29	\$ 164.88	1.063	\$ 4937.25	\$ 175.30
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	12	364	44,008.82	120.90	.015	3667.40	1.83
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	840	25,148	4,162,526.47	165.52	1.048	4955.39	173.47
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	26	\$ 10,630.10	\$ 408.85	.001	\$ 559.48	\$.44
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	26	10,630.10	408.85	.001	559.48	.44
@REHABILITATION FACILITY	13	60	\$ 1,351.66	\$.003	\$ 103.97	\$.06
HOSPITAL BASED	13	60	1,351.66	22.53	.003	103.97	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,064	3 , 027	\$,	\$ 14.78	.126	\$ 42.04	\$ 1.86
PATHOLOGY	1,049	2,994	43 , 785.61	14.62	.125	41.74	1.82
XO AND OTHERS	15	33	943.04	28.58	.001	62.87	.04
@ORGANIZED OUTPATIENT CLINIC	6,240	10 , 758	\$,,	\$ 107.26	.448	\$ 184.92	\$ 48.09
CLINIC	19	47	1,398.73	29.76	.002	73.62	.06
SURGICENTER	6	21	1,527.02	72.72	.001	254.50	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 6,225 10,690 1,150,995.82 107.67 .445 184.90 47.97 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,600 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MODOC COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED ------ MONTHLY AVERAGE ------

| Color | Colo 23,996 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.